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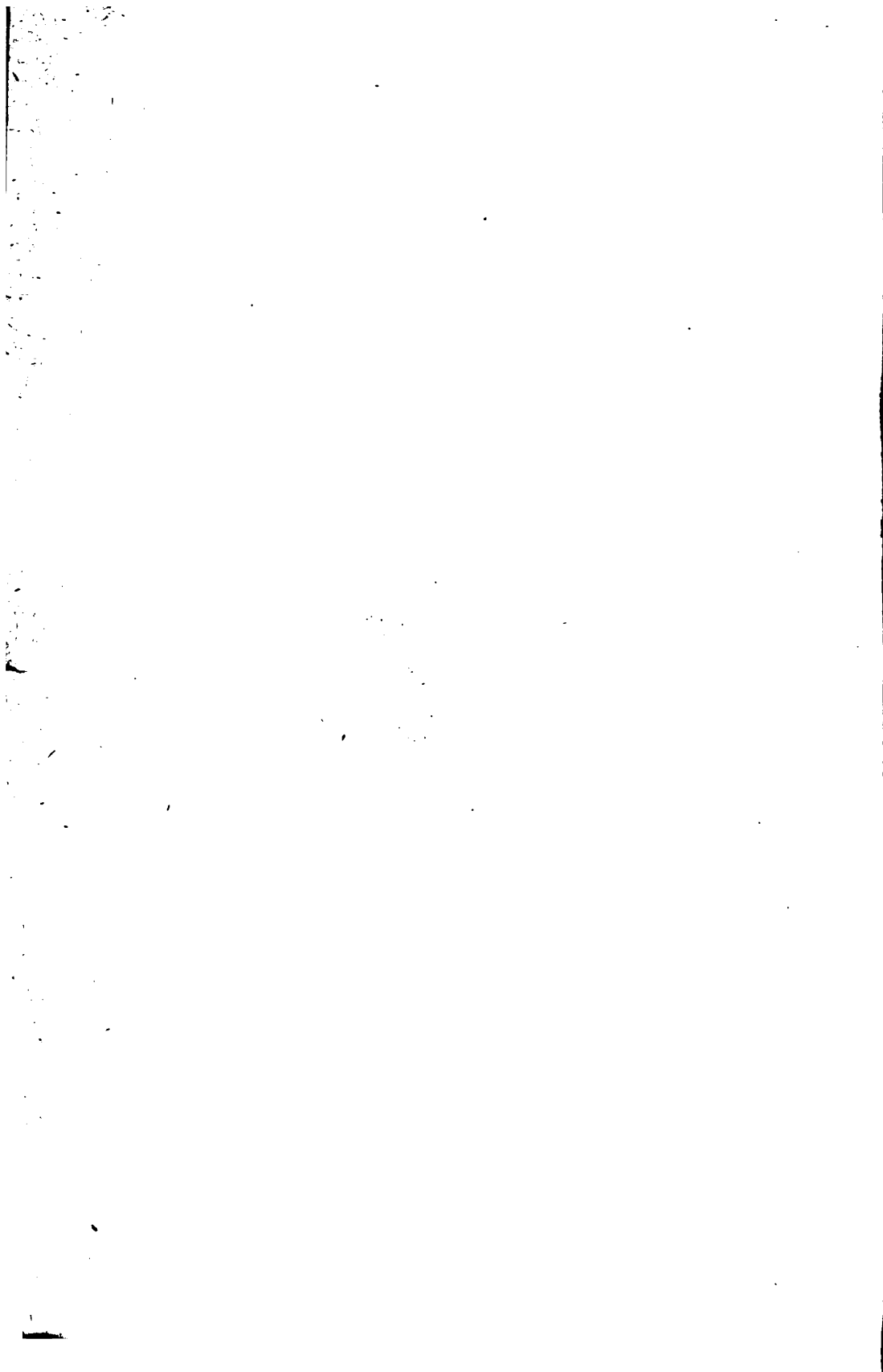
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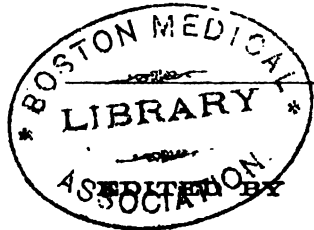
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THE
Southern Medical Record:

A MONTHLY JOURNAL

—) OF (—

PRACTICAL MEDICINE



DRS. T. S. POWELL, R. C. WORD, W. T. GOLDSMITH.

"QUICQUID PRÆCIPES ESTO BREVIS."

Volume XII.

ATLANTA, GEORGIA:

A. M. BERGSTROM, GENERAL JOB PRINTER.

1882.

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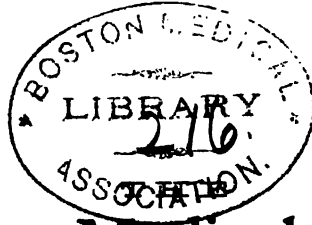
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Southern Medical Record:

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All Communications and Letters on Business connected with the Record must be addressed to the Managing Editor.

VOL. XII. ATLANTA, GA., JANUARY 20, 1882. No. 1.

ORIGINAL AND SELECTED ARTICLES.

TWO CASES OF LITHOTOMY.

BY ALEXANDER F. DURHAM, M. D., OF GEORGIA.

CASE I.—Miles, a dark ginger-cake colored boy, aged nine years, was brought to me for treatment in the summer of 1875. All the symptoms of vesicular calculus were present in his case. From his father I obtained the following history: From his earliest infancy he was unable to retain his urine, and when old enough was continually “tugging and working” with his penis, passing water incessantly, and occasionally blood. When brought to me he presented the following symptoms: Was exceedingly emaciated, almost a living skeleton, weighing not over 35 pounds; rough, ash-colored cheeks; tongue rather dry; thirst and anorexia. The penis, especially the glands, were abnormally developed. The slightest flow of urine was accompanied by distressing pains and uneasiness. The metallic sound introduced met with firm resistance at the neck of the bladder, evidently due to the presence of a stone. On making a thorough examination the calculus seemed to fill the entire cavity of that organ. Long existence of inflammation had caused thickening, induration and contraction of its coats.

I put him on a constitutional treatment for a short time, to brace up the system. When this was done, I proceeded, with the aid of

a few intelligent assistants, (there being no physician present but myself,) to remove the stone by the bilateral operation. Unfortunately the stone was so large that I had to crush it before extracting it. It was impossible to extend the operation without greatly increasing the danger of the patient's life.

He recovered in fifteen or twenty days without an untoward symptom, and when I last heard from him there was no indication whatever of a return of gravel.

CASE II.—Daughter of Bell McCommon, black, aged six years. This child was brought to Dr. W. M. Durham and myself in April last. The symptoms and history much the same as in the first case, viz: Emaciation (not so extreme), stillicidium, incessant pain in region of the bladder; urine occasionally tinged with blood, otherwise normal. Pudenda excessively developed, and almost constantly manipulated by the patient.

A stone of unusual size was readily detected by the introduction of a metallic sound. The patient was kept on constitutional treatment for a short time.

On the 12th of the following May, assisted by Drs. W. M. and John L. Durham, I proceeded to remove the stone by the subpubal operation. A slightly curved bistoury guided by a grooved director was introduced into the bladder, then withdrawing it a slit was made from behind forwards the whole length of the upper portion of the urethra. The calculus proving to be too large to be passed through the first incision two others were made, one on each side of the first, and after a good deal of difficulty the extraction of the stone was accomplished. It measured exactly one and five-eighths ($1\frac{5}{8}$) of an inch in length, and five-eighths ($\frac{5}{8}$) of an inch in its short diameter, and weighed precisely 260 grains.

The patient made a good recovery, but it was some two or three months before complete control over the sphincter of the bladder was regained.

My opinion is that both were cases of congenital calculus.

SOMETHING NEW—NITRIC ACID A REMEDY FOR STINGS AND POISONS.

Editors of The Southern Medical Record—

GENTLEMEN: I must give you an adventure which I had with a hive of bees, and the results, which, by a grand mistake, in using nitric acid instead of sweet oil, I made the discovery that the acid was a veritable specific for the sting of bees. Being

cleanly shaved and unprotected, I undertook to transfer a hive of bees which becoming enraged covered my face and hands by the thousand. After fighting my best for a short time, I with difficulty made my way into the house and called for sweet oil. Being in great pain, and even alarmed at the possible result, without time, and in no condition for reflection as to the best means to be used for relief, I held my hand in a cupped position and directed it to be filled with sweet oil, but in the haste and confusion they snatched up a bottle of nitric acid and poured my hand full, which I instantly applied, first to my forehead and then over my entire face and hands, when my grand-daughter exclaimed, "Oh! grandpa, stop—stop, it is the wrong bottle, it is nitric acid!" Alarmed with a new danger, I bethought me of soda, to neutralize the acid, and called for it, but before it arrived I was most agreeably amazed and delighted to find the pain of the stings suddenly relieved as if by magic, and to find that no cauterizing effect or injury had been sustained, but that the poison was gone, and even the swelling rapidly subsided.

A few weeks after the above singular discovery, Mr. D. came to me with hands inflamed and much swollen from the effects of poison oak. I at once thought of the bee remedy and applied nitric acid; at first cautiously on the back of one hand, and, seeing no pain or cauterizing effect, I applied it to the other, and to the entire part inflamed, with speedy and absolute relief to the poisonous symptoms.

A. L. BARRY, M. D.

Ringgold, Georgia, December, 1881.

[The statements contained in the above note from Dr. B. are certainly remarkable, and if borne out by future experiments, must prove a singular and valuable discovery, and will illustrate how little is yet known of the therapeutic properties of even our most familiar drugs. We hope that this matter will be further tested by our correspondent, and by others in the profession, and that the facts will be sent us for publication.—ED.]

RECURRENT MALARIAL ATTACKS.

Editors of The Southern Medical Record—

GENTLEMEN: In the November number of the RECORD, I notice an article by Dr. John H. Pool, of South Mills, North Carolina, taken from the Virginia Medical Monthly, entitled "Recurrent Obstinate Malarial Attacks," commonly called in this

section "Chronic Chills." I concur fully with the doctor in all he says in regard to regular periodic return of the paroxysms, and also his plan of meeting them with quinine, and I used to think well of his alterative treatment, of Lugol's solution, etc., until I found a better in the hyposulphite of sodium, which I give after each meal (in such dose as I think the case will bear, or require) in solution, with the extract of licorice to cover the taste, or with some aromatic to suit the whim of the patient.

I apply about twice a week, over the spleen and liver, the tincture of iodine, say enough to burn slightly. I have never found any other treatment equal to this, in softening and melting down these enlarged and indurated livers and spleens, and thus making a radical or final cure of this troublesome disease. I have suggested this treatment to other physicians, who can say the same of their experience.

If you think the above of interest sufficient to publish, or any part of it, you are at liberty to use it as you see fit.

Respectfully, &c.,

R. L. HINTON, M. D.

Prescott, Arkansas, December, 1881.

EMPHYSEMA.

BY R. L. HINTON, M. D., OF ARKANSAS.

I have just read in the August number of the RECORD, an article by Dr. James A. Low, of New York, entitled, "Emphysema and Bronchial Dilatation," in which he calls for practical suggestions as to treatment. An almost fac-simile case fell into my hands six months ago; told me that he had been afflicted about three years; that every physician who examined him said he had consumption, and that he had been under treatment for that disease all the time, but had been gradually growing worse. After a careful examination I told him he had emphysema of the lungs; that he not only didn't have consumption, but that one with his disease rarely, if ever, had consumption. His countenance brightened up wonderfully at this statement; said he felt as if a great burden had been rolled off him. I put him upon Tilden's malto-peptine, grs. x with pure linseed oil one tablespoonful before each meal; and iodide potash, grs. v, brom. potash, grs. x, in a tablespoonful of water and glycerine, equal parts, after each meal.

In a week he was much improved, and in four weeks said he thought he was about well, and went to work. He is a laboring

man; has been doing pretty good work ever since, though he occasionally falls back upon his medicine.

I am not in the habit of writing for publication, and have written this very hurriedly upon reading the article referred to, with the desire to do no harm, if I do no good, and thinking it will, to some extent, answer the Doctor's request.

I prefer linseed oil to cod-liver oil because better tolerated by the stomach, more easily digested and fully as nutritious.

P. S.—I gave this man no other treatment, save 5 grs. of quinine every morning.

USE OF PLASTER-OF-PARIS IN THE TREATMENT OF CLUB-FOOT.

BY P. S. CONNOR, M. D.,

Professor of Anatomy and Clinical Surgery, Medical College of Ohio.

That the deformity of club-foot may be corrected, it is necessary (1) that the distorted parts be put in normal position, and (2), that they be kept there; and, just in proportion as any plan of treatment accomplishes these indications, it is a proper one to be employed. Every one knows that in the great majority of congenital cases it is possible, during a variable but quite considerable time after birth, by manipulation, to bring the foot into its natural place; and, could it be sufficiently long and steadily held there by the hand of parent or nurse, rectification of the deformity would almost to a certainty result. What can be substituted for such gentle yet efficient hand-pressure? Ordinary bandages and adhesive plaster strips have been employed, and, in many cases, with advantage; but not infrequently they have been found inefficient, and adhesive strips often very much irritate the delicate skin of the foot and leg. As a rule, club-foot apparatus are not applied until the child is a few or several years old, when the deformity has become quite well developed, and when frequently strongly contracted tendons and more or less altered joint-surfaces much complicate the case. Against all the forms of these mechanical appliances several objections lie. In the first place, oftentimes they are badly adjusted, and in the majority of instances they do not maintain the correction made when they are applied; next, making pressure generally upon only a limited number of points, their use is very apt to be followed by local irritations, with resulting ulcers or callosities; again, they are expensive, and often require much repairing, and very many club-foot patients are the children of poor parents.

Recognizing the existence of these disadvantages, I have, for several years past, been experimenting with the plaster-of-Paris, recommended long ago by Little; the youngest subject upon which it has been applied being two weeks old. The success which has attended these experiments leads me to believe that this

method of treatment may, in many cases at least, be advantageously employed. The application of it is easy; an ordinary plaster roller being turned over the foot, ankle, and lower half of the leg. In quite young patients a layer of cotton may with advantage be laid on, and the bandage put over it; in older ones the latter should be placed directly on the skin. The thickness of the covering must of course vary with the amount of deformity and existing muscular power. Before the plaster begins to set, the foot is to be brought as near its normal position as can be done without causing any decided pain, and held in place until the hardening is complete. Great care must be taken not to attempt too much at first. Preliminary tenotomy is to be made or not, according to circumstances, but is seldom required in young subjects. At each subsequent dressing more and more rectification is to be effected. Removal of the bandage will be required ordinarily in from three to six weeks, and the treatment, so far as I have been able to determine, must be continued for from six to eighteen months, and afterwards a half foot with stiffened sides, or the usual club-foot shoe worn, the former being generally sufficient to prevent any reproduction of the deformity.

Two objections have been made to this method of treatment: first, that the dressing is a heavy and clumsy one; and, second, that the proper development of the foot will be prevented. If properly applied, the weight of the plaster bandage is not so great as to prevent ready use of the limb if the patient is old enough to run about; and I have yet to see a single case in which the growth of the foot has been interfered with, or in which flattening of the arch has been produced. The advantages of the method are, that it is efficient, cheap, distributes the pressure which must be made in order that the foot shall be brought round and kept in place, can be employed at a very early period, can be put in practice by any one of ordinary skill and judgment, and does not necessitate calling in the aid of the surgical instrument maker, to whom oftentimes the case is turned over with instructions to "put on a club-foot shoe," as though it was to be treated simply with leather and steel. If it be thought advisable to have the foot daily bathed and rubbed, instead of the plaster roller, the "Bavarian" dressing might be applied; but I have never used it, preferring that the pressure should be continuous for as long a period as possible, with only such intermissions as are absolutely required for the reapplication of the bandage. When the deformity is of long standing, and large callosities are present from pressure, either of a previously-worn shoe, or of the weight of the body in standing and walking, special care must be taken in applying the dressing, and rectification must be very gradually brought about; otherwise ulceration will occur, and, as a consequence, the treatment may, and probably will, have to be entirely suspended until the ulcer heals, and, as generally happens under such circumstances, whatever the method pursued, the malposition will rapidly be reproduced.—[Medical News.

AN OLD DOCTOR'S STORY.

We were a knot of doctors, enjoying ourselves after a meeting of the Hippocratic Medical Society, whose members were accustomed to assemble once a year for purposes of mutual edification and improvement. Dr. Galen Cupps was in the chair. He was our Nestor, our old man eloquent, a living professional legendary budget. On his face you could read "Entertainment" as plainly as you ever saw it painted on an old-fashioned tavern sign; and to it, after a day of weary rambling over the dusty paths of therapeutic lore, we turned as naturally for refreshment as the tired wayfarer halts before the inviting sign-board waving hospitable welcome to the cheer within.

Genial Dr. Cupps! Like Father Grimes, that good old man, "we'll never see him more." No monument marks his last resting place. The guild of undertakers, possessed they a spark of gratitude, would not suffer this to be. As for his surviving professional brethren, few of us, I fear, have money to spend in that way.

"How do young doctors, as a rule, get their first start?" queried a cynical-looking M. D. at the foot of the table, with a nose as sharp as the point of his own lancet—"leaving out, of course, exceptional cases, like that of a man swallowing a fish-bone, or dropping suddenly into a fit, where there's no choice but to seek the nearest aid. What I ask is, how do people come to trust their lives deliberately in inexperienced hands? What's the philosophy of it?"

"Popular ignorance, probably," suggested one.

"Or cheek in the youngster," another hinted.

"It's mostly *luck*, I think," remarked the chair, whereon had converged a number of inquiring looks.

"Come, doctor, give us your experience on the point." was moved and seconded.

"*Mine* was a case of pure luck," said he.

"Won't you tell us about it?" we entreated.

Dr. Cupps was not the man to refuse.

"Young men now-a-days," he began, enter the profession with other advantages than we old fellows had. The clinics and hospitals, now accessible to students, afford the opportunities to learn much by observation which we were left to find out through experiments upon our own patients.

"Though I took my degree after a creditable examination, I doubt if I could then have distinguished, by inspection, between the incipient stages of chicken-pox and measles. Had I been called to treat a simple case of rheumatism, ten to one I should have found a verdict of white-swelling, and passed a sentence of amputation, without stopping to ask the victim what he had to say against it. My first patient was Percy Topham, a young man who had inherited a splendid constitution, as well as fortune, but was fast making way with both. The case, no doubt, would have fallen into Dingo's hands, for he monopolized the practice thereabout, but for his absence on a distant call.

"Come quick, sir!" urged the messenger: "Mr. Percy's taking on at an awful rate."

"Without staying to inquire further I snatched my hat and sallied forth, quite forgetting, in the excitement, the new pill-bags where-in was stored my stock of samples."

"I arrived to find my patient 'taking on' at an awful rate, sure enough."

"Poker in hand, he was laying about him in a manner highly detrimental to the furniture. He was 'killing snakes,' he said. Had it been dogs, hydrophobia might have been my diagnosis but snakes, I knew, meant delirium tremens. And such was the decision of Mr. Topham's own more practiced judgment, for, turning toward me in a lucid moment,

"I've got 'em, Doc," he said.

"I did my best to calm him, assured him I should bring him round, placed my fingers on his pulse, and began to count the beats, but, darting from me, he exclaimed:

"There goes the biggest snake yet; the old serpent of all!" making a slash with the poker that caused me to dodge into the corner.

"Leaving two to watch him, and accompanied by the man who had summoned me, I hurried home to procure such remedies as I should conclude the case required—a point, I must confess, I was very far from clear upon. I had been reared in a very temperate community, had seen little of intoxication or its effects, and my reading had not borne specially in that direction.

"Before reaching my office, however, I decided what course to take. There was no time to consult books. Besides, I was ashamed to do that in the presence of the man who waited to carry back the physic. He would have taken it for a confession of ignorance, and would have lost no time in proclaiming me a dunce.

"Overhauling my supply of drugs, and taking a little from every one, I produced a mixture, some element of which I hoped might prove of service.

"Give him a teaspoonful of it every half hour," I said to the man, handing him the bottle, on which I was careful not to put a label.

"Not caring to be present to witness the effect of my maiden prescription, 'Tell Mr. Topham I'll call in the morning,' I said.

"Whatever my patient did, I passed a bad night. Of all cases in which to make my *début*, why should the malignant fates send the very one most likely to expose me?"

"With many misgivings I presented myself next morning at the patient's door. I was glad to see there was no crape on it. Passing the servant who admitted me, I hurried trembling to the sick-room.

"Good morning, Doc," cried the invalid, rising from a sumptuous breakfast, wiping his mouth with one hand and extending the other! "By George, you did bring me through famously! That stuff was mighty nasty, but it did the business. I'm sound as a dollar this morning."

"Before I could reply a serving-man entered; the same by whom I had sent the medicine.

"What's the matter, Dick?" said Topham.

"Boxer's dead, sir."

"Dead! the deuce! There's a go! I suppose you forgot to call at Botts's, the farrier's, for that drench yesterday; just like you, when my back is turned."

"No, sir!" the man replied; 'I stopped and got it on my way from the doctor's, and gave it according to directions.'

"Just my luck!" cried Topham, smiting the table. 'You see, Doc, Boxer was my fastest trotter. I counted on winning a mint of money on him at the coming races, and now he's gone and kicked the bucket. Well, peace to his *manes*!' as the poet says. Here, Dick, hand the doctor that medicine bottle from the mantel. He may as well fill it up again. This morning's luck may set me on a fresh spree, and there's no telling how soon I may need another dose.'

"A glance at the bottle, as I took it, made me start. It bore a label, on which I read, 'Simon Botts, Farrier.'

"Can it be," I mentally exclaimed, 'that it was Botts' potion that cured the man, and mine that killed the horse!' It was a strong case of circumstantial evidence, at any rate.

"Quietly pocketing the bottle I went my way. If the truth was as I surmised, it never came out. Topham sounded my praises everywhere, and soon the local death list was pretty equally filled with the names of old Dingo's patients and my own."—[Ex.

A CASE OF OPIUM HABIT OF SIX OR EIGHT YEARS' STANDING TREATED SUCCESSFULLY WITH THE SOLID EXTRACT OF COCA.

BY JOHN Q. WINFIELD, M. D., OF VIRGINIA.

Early in September last, Mrs. — applied to me for treatment of an opium habit of six or eight years' standing. At the time of application she was taking of laudnum daily the equivalent of about forty grains of opium. She was a blonde, somewhat above medium height, with a full round figure, aged 24. In May last she married an estimable man, who was then totally ignorant of her unfortunate habit.

Up to her twenty-second year, this lady had never menstruated *per vaginam*, but had monthly vicarious bloody discharges from the rectum, attended with much pain. These discharges were usually preceded and followed by painful and exhausting diarrhœa. To relieve her periodical sufferings, she had unadvisedly, I presume, resorted to the use of laudanum, until such use became a fixed habit.

An operation for congenital closure of the external os uteri, by Dr. C. C. Henkle and myself, restored the menstrual function to its proper organs, but did not, of course, relieve the opium habit;

hence her return to me as above stated. The attempt extending through twenty days, to cure the case by reliance mainly upon the strength of her own will and the extract of coca in 20-grain doses, four times daily, proved a failure. She was, not (Sept. 28th), with her own consent, placed in close confinement, and only one trusty attendant, besides her husband and physician, allowed to enter the room. No opium prescribed. Ordered 20 grains, four times daily, of the extract of coca.

SEPT. 30.—At bedtime suffering extreme—double vision, want of appetite, nausea, diarrhœa, restlessness, twitching of the muscles, pain in the back and joints, formication, begs piteously for relief. Prescribed $\frac{3}{4}$ of a grain of morphia, concealed in a mixture of wine, bismuth and catechu. She slept well during the night, and was calm and comparatively free from suffering the following morning; coca continued.

OCT. 2.—Night. Suffering, but not so severely as before. Prescribed $\frac{1}{4}$ grain of morphia, concealed as before, and ordered the coca to be continued. Slept well during the night.

OCT. 9.—Night. Suffering somewhat from diarrhœa, menorrhagia, formication and pains in the back and limbs. Prescribed $\frac{1}{4}$ grain morphia. Slept most of the night.

OCT. 15.—Throughout the day calm and free from pain and other disturbances. From this time on to the 18th of October she continued to do well without opium. The coca treatment, however, had been steadily kept up. She was now discharged apparently cured, but advised to continue the coca for a while in diminished daily doses, along with a tonic of quinine, strychnia and iron.

At this writing, November 19th, she is much improved in health and appearance, and does not seem to have the least desire for opium.—[Virginia Medical Monthly, December.

ANIMAL VACCINATION.

BY WILLIAM B. CARPENTER, M. D., OF LONDON, ENGLAND.

It becomes possible to affect sheep and cattle with a form of anthrax disease so mild as to bear much the same relation to the severer forms that cowpox bears to smallpox; and for this artificial affection with the mitigated disorder, Pasteur uses the term "vaccination." The question that now arises—to which the whole previous investigation has led up—is the most important of all: Does this "vaccination" with the mild virus afford the same protection against the action of the severe, that is imparted by cowpox vaccination against smallpox? To this question affirmative answers were last year obtained by Professor Greenfield (on Professor Burdon-Sanderson's suggestion) in regard to bovine animals, and by M. Toussaint in regard to sheep and dogs; the former, when "vaccinated" from rodents, and the latter from fluids "cultivated" outside the living body after a method devised by M. Toussaint, proving themselves incapable of being infected

with any form of anthrax disease, though repeatedly inoculated with the malignant virus, and remaining free from all disorder, either constitutional or local.

The same result having been obtained from experiments made by Pasteur himself, probably about the same date, with charbon virus cultivated in the manner previously described, it was deemed expedient by one of the Provincial Agricultural Societies of France that this important discovery should be publicly demonstrated on a great scale. Accordingly, a farm and a flock of fifty sheep having been placed at M. Pasteur's disposal, he "vaccinated" twenty-five of the flock (distinguished by a perforation of their ears), with the mild virus on the 3d of May last, and repeated the operation on the 17th of the same month. The animals all passed through a slight indisposition, but at the end of the month none of them were found to have lost either fat, appetite, or liveliness. On the 31st of that month, all the fifty sheep, without distinction, were inoculated with the strongest charbon virus, and M. Pasteur predicted that on the following day the twenty-five sheep inoculated for the first time would all be dead, while those protected by previous "vaccination" with the mild virus would be perfectly free from even slight indisposition. A large assemblage of agricultural authorities, cavalry officers, and veterinary surgeons having met at the field the next afternoon (June 1st), the result was found to be exactly in accordance with M. Pasteur's predictions. At two o'clock twenty-three of the "unprotected" sheep were dead; the twenty-fourth died within an hour, and the twenty-fifth an hour afterward. But the twenty-five "vaccinated" sheep were all in perfectly good condition; one of them, which had been designedly inoculated with an extra dose of the poison, having been slightly indisposed for a few hours, but having then recovered. The twenty-five carcasses were then buried in a selected spot, with a view to the further experimental testing of the poisonous effect produced upon the grass which will grow over their graves. But the result, says the reporter of the *Times* (June 2d), "is already certain; and the agricultural public now know that an infallible preventive exists against the charbon poison, which is neither costly nor difficult, as a single man can inoculate a thousand sheep in a day." I have since learned that this protection is being eagerly sought by the French owners of flocks and herds; and, if any severe epidemic of the same kind were to break out in this country, our own agriculturists would probably show themselves quite ready to avail themselves of it.—[Popular Science monthly for December.

SELF-ABORTION.

BY WM. H. HARRISON, M. D.

It is strange that some of the leading men of our profession are inclined to sneer at the possibility of a woman producing self-abortion. It is said that Dr. J. W. McLane, who succeeds Dr. T. Gaillard Thomas in the College of Physicians and Surgeons, de-

livered a lecture last winter to a jury, as expert, upon the impossibility of self-abortion. In this he seems to me to resemble that class of physicians who deny the existence of oxytocics, or the well-established physiological effects of some other most important drugs, doubting the experience of others simply because on their probable imperfect test of perhaps inferior articles these drugs failed to show their reputed power. He must see for himself the woman, the means, and the effect, and know personally from ocular demonstration that abortion has taken place as the effect of the means used by the woman only, before he will believe the possibility of self-abortion. As he has never seen a woman produce self-abortion, and fails to believe in the experience of others on this head, he assumes it to be an impossibility on a priori grounds.

I will give the particulars of a few cases which will illustrate the fact that a woman can not only produce self-abortion, but can do so scientifically.

In the fall of 1877 I saw Effie D., eighteen years of age. Four days before my first visit she miscarried, which was followed by puerperal peritonitis, for which latter trouble I was called to see her. Her elder sister gave me the following account of the case: Out of wedlock she had become pregnant. When three months gone in pregnancy she sought to produce abortion by the advice of an old woman, who told her to get a round stick, as large as she could introduce well into the vagina, round and smooth at one end, then introduce it and "job" the mouth of the womb with it as hard as she could "stand" it, and to repeat the procedure three or four times a day until the desired effect was produced. After the third day's "jobbing" she was taken with labor-pains, and within eight or ten hours abortion was completed.

The following case shows the application of scientific means to create self-abortion:

In the spring of 1879 I was summoned by a servant girl in great haste to see Mrs. G., the wife of a railroad man, whom she said was in a dying condition. I found the patient unconscious, and while examining for a cause of her condition I noticed that she was having something very much like labor-pains. I inquired of the servant if the patient was in the "family-way," but she said she didn't know, and all I could learn from the girl was that while in an adjoining room she heard the patient scream, and when she got to her she was in the unconscious state in which I found her. I was soon convinced, however, that my patient was having labor-pains, and at once made a digital examination; and you may judge of my surprise when I found what subsequently proved to be a small rounded piece of whalebone, ten or twelve inches in length, protruding from the vagina. Further examination revealed the smaller end lying loosely in the mouth of the womb, which was considerably dilated. I removed the whalebone and in ten or fifteen minutes the womb expelled a fetus of perhaps three and a half or four months. My patient soon rallied and became very talkative and free to explain, after the servant girl, who was the only other person in the house, left the room.

She explained as follows: Three years previously, while residing in Chicago, she went to full term in her first pregnancy, and the child had to be taken from her in pieces. In a year she again became pregnant, when upon consulting her physician, the same who attended her before, he advised the propriety of an early abortion, to which she and her husband readily agreed. She was then about three months advanced, and the operation was performed by the physician introducing a long flexible instrument (perhaps a gumelastic bougie) into the womb and leaving it there; she lying in bed from the time of its introduction until she aborted. Again becoming pregnant, having left Chicago, being about three months advanced, and fully determined on abortion she decided to undertake the operation herself. I will say just here that she was a woman of unusual intelligence, and knew more about herself than most women do about themselves. So she procured the piece of whalebone and prepared it very nicely; she then went to bed, and with the forefinger of the left hand found the mouth of the womb, and with the right hand succeeded after a while in introducing her improvised probe. In about three hours she began to feel some pain, which gradually grew worse, and the last she remembered until "all was over" was a very severe pain, which seemed to extend from her womb to her head.

A very common practice among the negro wenches of the South inducing self-abortion is by jumping from high places, such as a fence or a gatepost to the hard ground. I believe that a very large majority of self-abortions as well as all other superinduced abortions are produced by the use of oxytocics, principally cottonroot and ergot. I think I am warranted in estimating the proportion of self-abortions as at least one-third of all that are superinduced.—[Louisville Medical News.

THE SIXTEEN COMMANDMENTS OF THE PARIS ACADEMY OF MEDICINE.

TRANSLATED BY D. C. HOLLIDAY, NEW ORLEANS.

The Academy of Medicine in Paris has condensed into the following sixteen propositions the most important hygienic rules for the care and management of infants. We reproduce them here with the sincere hope that all mothers and nurses will commit them to memory and observe them as faithfully as the ten commandments of Holy Writ:

1. During the first year the only suitable nourishment for an infant is its own mother's milk, or that of a healthy wet nurse. Sucking should be repeated every two hours—less frequently at night.

2. When it is impossible to give breast milk, either from the mother or a suitable nurse, cow's or goat's milk given tepid, reduced at first one-half by the addition of water slightly sweetened,

and after a few weeks one-fourth only, is the next best substitute.

3. In giving milk to an infant always use glass or earthen ware vessels, not metallic ones, and always observe the most scrupulous cleanliness in their management, rinsing whenever used. Always avoid the use of teats of cloth or sponge so frequently employed to appease hunger or quiet crying.

4. Avoid carefully all those nostrums and compounds so liberally advertised as superior to natural food.

5. Never forget that artificial nourishment, whether by nursing bottle or spoon (without the breast), increases to an alarming degree, the chances of producing sickness and death.

6. It is always dangerous to give an infant, especially during the first two months of its life, solid food of any kind—such as bread, cakes, meats, vegetables or fruit.

7. Only after the seventh month, and when the mother's milk is not sufficient to nourish the child, should broths be allowed. After the first year is ended then it is appropriate to give broth or paps made with milk and bread, dried flour, rice, and the farinaceous articles, to prepare for weaning. A child ought not to be weaned until it has cut its first 12 or 13 teeth, and then only when in perfect health.

8. A child should be washed and dressed every morning, before being nursed or fed. In bathing a child, temper the water to the weather, carefully cleanse the body, and especially the genital organs which require great cleanliness and care; and the head should be carefully freed from all scabs and crusts which may form. When the belly-band is used, it should be kept on for at least one month.

9. An infant's clothing should always be so arranged as to leave the limbs freedom of motion, and not to compress any portion of the body.

10. An infant's clothing should be studiously adapted to the weather: avoiding at all times, exposure to the injurious effects of sudden changes in temperature without proper covering; but nurseries and sleeping apartments should invariably be well ventilated.

11. An infant should not be taken into the open air before the fifteenth day after birth and then only in mild, fair weather.

12. It is objectionable to have an infant sleep in the same bed either with its mother or nurse.

13. No mother should be in too great a hurry to have a child walk: let it crawl and accustom itself to rising on its feet by climbing on articles of furniture, or assisted by the arms of a careful attendant. Great care should be taken in the too early use of baby-wagons, etc.

14. No trifling ailments in infants, such as colics, frequent vomiting, diarrhœa, coughs, etc., if persistent, should be neglected—a physician's advice should be at once obtained.

15. In cases of suspected pregnancy, either of mother or nurse, the child should be weaned at once.

16. A child ought to be vaccinated after the fifth month, or earlier should smallpox be prevalent.—[N. O. Med. and Surg. Jour.]

MY EXPERIENCE IN STAMMERING, AND ITS CURE.

BY THOS. S. GALLAHER, M. D.

From my earliest recollection I stammered. My parents insisted that I had acquired it from a neighboring lad who was my constant companion in early years; but of this I cannot speak. It might have been as they said. All I know is that I was a great stammerer for years and years, and nothing appeared to do me any good. The more I tried to speak the greater was my impediment in speaking. At the age of seven, my father died and I was placed in a country village with an uncle who was a physician. My uncle was a very severe man and in his severity tried all means to cure me of the unfortunate habit. I was coaxed and bought, treated at times with kindness, and at others with severity, all to no purpose; finally he resorted to the rod. Of this weapon I frequently felt its stinging strokes till my back was sore and in stripes from its use. All the whipping and ill treatment I received on this account had no more effect in curing my habit than if I had been let alone. Indeed it served to increase the difficulty. Fear of stammering in the presence of my superiors appeared to lessen the co-ordinating influence over the muscles of articulate speech; hence the difficulty was increased rather than relieved. After living in the country nearly six years, I came to Pittsburg and remained till the great fire of 1845, with my maternal grand-parent. I was then 14 years old. I brought my stammering propensity with me. In fact I was worse than when I went to reside with my uncle. My grand-parent was a kind and forgiving old gentleman who seldom found fault with anything, especially with me for my misfortune. Under his gentle care I improved somewhat in my method of speech. I did not fear him and therefore could speak in his presence without so much embarrassment. This was really felt as a relief. However, I still stammered badly, especially if made angry or was in haste to communicate my ideas. Often have I wept and sorrowed at not being able to converse with my fellow creatures in the plain, simple style I saw others do. All professional callings appeared to be closed against me. All avenues for success in business circles did not seem to be open to me. An occupation of manual labor, which did not require the use of language, seemed alone suited to my condition. I would say here that I could sing with as free a voice as anybody, and could swear with as much freedom from impediment as any one could wish. But when I decided to communicate my thoughts in common language my efforts failed and I was often overwhelmed with shame.

This was my condition and such were my thoughts and feelings till I was 18 years of age. At this period I was induced by a friend to join what was called at the time, a debating society. It was composed of a party of young men mostly, if not wholly, mechanics, who had united themselves in a body for mutual improvement. They met weekly, had declamations, read original

pieces, and debated the common questions of the day. They met during the winter alone.

My first effort in this society at debating was a total and complete failure. I stammered and stuttered so badly that I brought upon myself, I feared, everlasting disgrace. A few words of encouragement however, soon healed my wounded feelings and determined me to try to regain my lost laurels. The next appointment was for declamations. In this the success was but little better than the first. And so I continued from week to week, as my time came around, to fulfil the appointments. In a short time I found that I could speak with less difficulty when perfectly free from all fear and confusion. The least occasion that caused confusion would at once start the impediment. After a time, on learning my piece perfectly by note, standing in an erect position, perfectly quiet, making no gestures, fixing my eyes steadily upon some point above the chairman, and speaking in a loud voice as though the speech was addressed alone to forest trees, and not to men, and perfectly unconscious of any one being present, I was able to declaim with almost perfect freedom of speech. In thus declaiming, should the eyes be taken off the point at which they were directed, and glanced upon the president or any of the members, or should any motion of the body supervene or a single gesture be made, or any interruption of the performance occur, my self-reliance would leave me, confusion take its place, and a return of the unhappy stammering would certainly follow. This gained confidence in myself, threw aside all fear of speaking in public, and after many trials, in which there were many failures as well as triumphs, finally overcame all difficulties and could speak with considerable fluency and ease. In fact a cure of the stammering was effected. It required about two years to complete the cure. To this day I remain free from the trouble.

The stammerer is required to hold his breath so much while speaking, and to respire with such regularity that the heart in time becomes affected with hypertrophy and dilatation due to obstructed circulation from irregular and spasmodic breathing. I suffered somewhat from this cause.

From my individual experience I am satisfied that the seat of disorder is in the nervous centers controlling the muscles of articulate speech, as well as those of respiration. These centers appear to be influenced by the various mental operations already suggested by which the proper transformation of thought into language is interfered with. The disease is closely allied to chorea.

I have now given my experience in stammering, and hope to have made plain the method of its cure. I have given it in the interest of a very large class of people who are subject to this infirmity, a class whose hopes and prospects have been sadly curtailed by the infringement upon the right of free and untrammelled speech.

To conclude, I would repeat that the disease has its origin in fear and confusion of thought, and must be remedied by such exercises as will produce free, independent and uncontrolled speech.—[Pittsburg Medical Journal.]

REPORT ON PROGRESS OF DENTISTRY.

BY T. A. CHANDLER, D. M. D.

Dentistry, in its progress, seems to have come to a pause in the direction in which for many years it has been so active, namely, in operations on the teeth and the manipulation of gold, and to have turned back to take up again the long neglected and despised mechanical methods and appliances. Some few are still at work on the minute microscopy of the tooth substance, and claim to have discovered, under the guidance of Heitzmann, a living network branching in every direction and penetrating the formed material, uniting the offshoots from the nerve substance or tooth pulps, the soft solids as they are often called, and explained in this way the mysterious sensitiveness of dentine, which has up to the present so puzzled all workers on the teeth, and claim to show how the tooth itself is built up and nourished.

Legros and Magitot in France have investigated the tooth follicle, and their original memoir has been done into English with additions, fitting it for an elementary text-book, by Dr. M. S. Dean of Chicago. Kingsley's Oral Deformities has been added to the literature on this side of the Atlantic, and on the other several books of less pretension, chiefly upon mechanical dentistry. Several new dental magazines have come into existence, without adding much to the quality, but a great deal to the bulk, of the reading matter which every progressive man is expected to peruse. The Dental Cosmos still keeps the lead of the magazines, and within a short period has much improved in the quality of its articles.

As was said at the outset, operative dentistry has apparently come to a pause in its career, and the army of practitioners is dividing its force: "Some for Paul and some for Apollos;" some are looking back to the old-fashioned soft foil, and the ancient methods, as though all that is new is vanity and "there is nothing new under the sun;" still others seem to think all that is old is worthless, and nothing of value that is not "brand new." Such adhere to the use of cohesive gold, or follow the leaders of the "new departure," whose gods are amalgam and other plastic materials; who declare that "in proportion as teeth need *saving*, gold is the *worst* material to use;" and that "a filling may be the *best* known for the tooth and yet *leak badly*." (Italics not mine.) As long as these varying methods are in the hands of thoughtful men, some good may come out of the evil, and the pause may be but the precursor of another era of progress. Skepticism leads to inquiry as well as the bold assertion of startling propositions. Men will at last be brought to examine and compare, and he that is honestly seeking the best way for himself and his patients, who is not a partisan, will soon eliminate what of his own is faulty, and adopt what he finds good in his neighbor's.

Partnership is the bane of all true progress, and the differences of opinion seem so far to have tended in this direction. Especially

is this true with regard to the advocates and opponents of the "new departure." Arguments give way to recrimination, assertions are made to stand for proofs. So startling is the assertion made by the adherents of this new school, namely, that "since the very day of the birth of dentistry its practitioners have been on a wrong scent, have been, and still are, ruining teeth instead of saving them," it is little wonder that amazement and indignation should have been the first feeling awakened, that wild assertion should have been met by as wild contradiction, and as wild counter-assertion. Just now the battle seems to be hushed, and the combatants are looking for results. The truth seems to be that, like all hobby-riders, the riders of this new horse drove him too hard at the beginning. What there was of good in their claims is not new, and what is new is not all good. At the bottom of their claims is the galvano-electric theory, which has yet to be proved; and until this is done it would seem of little use to build theories or methods upon it.

Mechanical dentistry, which has so long held a subordinate place, seems now coming to the front again. New ways of working old materials, and new operations, are being constantly brought forward and claiming the attention of the best men. Of the new materials, celluloid is holding its own against vulcanite, and the controversy over the latter seems to have resulted in giving us a really valuable base. The "new mode" of working it promises to revolutionize its character, and to render it, instead of an unreliable and poor material, one of the most useful in our possession, almost a new thing. Even vulcanite, which all thought had reached its climax, feels the impulse of this "new mode," and with it better results are reached than ever before. Continuous gum work, as it is called, consisting of a platinum plate, entirely covered on its buccal and lingual surfaces with a veneer of porcelian, imitating in its color that of the natural membrane, feels the boom, and better ways of making it and improved material have made it the fashionable base for whole sets of artificial teeth. The setting of "pivot teeth," formerly confined to the six front upper teeth, is now by new methods extended to the bicuspid, and even to the molars, enabling good roots to be saved and made useful that were formerly worse than useless, freeing the patient from the necessity of a plate. It is safe to say, that by one or the other of these methods, more roots are now saved and made useful than at any previous period in the history of dentistry.—[Boston Medical and Surgical Journal.

Method of Applying Nitric Acid as a Caustic.—To prevent the spreading of nitric acid when used as a caustic, Dr. Speirs recommends, in the Practitioner, that the part to be cauterized, as for example, a nœvus, should first be surrounded by a short glass tube or neck of a bottle, of the size of the slough desired, and then the nitric acid applied with a pipette. Before removing the tube, the excess of acid is to be mopped up with cotton-wool on a probe.—[Med. News.

ABSTRACTS AND GLEANINGS.

NOTES ON THE PREPARATION* AND PROPERTIES OF SOME NEW REMEDIES.

Paraffin Ointments and Oleates.—All cerates and ointments, especially those subject to becoming soon rancid, keep well if made up with some soft paraffin base, such as is now sold under the name of petrolina, or with the paraffin ointment proposed in the printed report of the committee of the American Pharmaceutical Association on the Revision of the United States Pharmacopœia for 1880.

A subnitrate of bismuth ointment made up with such a base is considered as much better in many cases than the more commonly used zinc ointment.

A series of oleates will doubtless be officinal in the United States Pharmacopœia for 1880, the oleate of mercury having already been in use for some years. The oleates of the alkaloids, such as of aconitia two per cent., morphia five per cent., quinia twenty-five per cent. and veratria two per cent., furnish elegant methods of administration.

New Poultice.—A new form of poultice has been introduced by a French chemist as a substitute for linseed and other ordinary poultices. It consists of an extract from Irish moss (*Fucus crispus*) dried between sheets of cotton wool. For use, a piece or suitable size is cut and dipped in boiling water, until quite swollen; then applied to the part, and covered with the accompanying piece of gutta-percha sheeting. It possesses the great advantages of being cleanly, of not drying quickly, of not easily slipping from its place and of not having any unpleasant odor, as well as of being so quickly and simply prepared. It is offered in packages containing sheets five by eight inches and eight by thirty.

Elastic Caustic Crayon.—Elastic crayons of nitrate of silver can be prepared by dipping small laminaria tents in thick mucilage, and then rolling them in finely-powdered lunar caustic. When dried it makes crayon which can be introduced into a cavity without fear of breakage. Other caustics can be used in like manner.

Castor-Oil.—Castor-oil may be so palatable that a patient will not recognize it, if it is made into an emulsion containing castor-oil $\mathfrak{z}\text{ij}$., tinct. cardamon comp. $\mathfrak{z}\text{iv}$., ol. gaultheriæ gtt. iv ., pulv. acaciæ and pulv. sacchari alb. aa $\mathfrak{z}\text{ij}$., aq. cinnamon $\text{q. s. ad } \mathfrak{z}\text{iv}$.; misce secundum artem. German children are even said to quarrel over the confection of castor-oil made into a paste with either about three parts of coarsely granulated sugar or two parts of comp. licorice powder, and flavored with a little powdered cinnamon or grated lemon peel.

Kooso.—Kooso, one of the most certain of tænicides for tape-worm, is prepared, and applied in its strength and in a form which

does not excite repugnance, by treating ℥ss. of fresh powdered koso with ℥i. of hot castor-oil, and afterwards with ℥ij. of boiling water by displacement, expressing and by means of the yolk of an egg combining the two percolates into an emulsion; adding gtt. xl. of ether, and flavoring with some aromatic oil. This emulsion is to be taken at one dose early in the morning, after a previous fast of nearly a day. The worm is usually expelled dead after about six to eight hours.

Cinchonia and Quinia.—Cinchonia can be very acceptably administered in the form of a troche if accompanied by a little bicarbonate of soda, so as to make the mixture alkaline, and thus prevent its solution and taste in the mouth. Quinine finds a very good solvent in milk, which almost completely disguises its bitterness if taken in the proportion of f. ℥i. to the grain. This mode of administering quinine is of especial use with children. A solution of quinine in glycerine made gr. i. to the f. ℥i. can be given in a cupful of milk without the child knowing it.

Iron Albuminate.—An albuminate of iron has been for some years in use in Germany containing about five per cent. of ferric oxide. It is a perfectly transparent, light brown liquid, nearly tasteless, which will keep well in cool weather for several weeks. It can be obtained from its solutions by precipitation with common salt, and this when dried and powdered is again readily soluble in water.

Perfumed Carbolic Acid.—Perfumed carbolic acid is prepared from carbolic acid one part, oil of lemon three parts, alcohol of thirty-six degrees one-hundredth parts mixed. This mixture, which appears to be quite stable, has only the odor of lemon, is what has been known as "Lebon's perfumed carbolic acid," the formula for which has long been kept secret, but has now been made known in the *Moniteur Scientifique* of Paris. The antiseptic properties are in no way affected by the oil of lemon.

New Disinfectant.—A new disinfectant has been introduced in Australia composed of one part of rectified oil of turpentine and seven parts of benzine, with five drops of oil of verbena to each ounce of the mixture. Its purifying and disinfecting properties are due to the power possessed by its ingredients of generating peroxide of hydrogen or ozone. Articles of clothing, furniture, wall-paper, books, and papers may be saturated with it without damage. When it has once been freely applied to any rough or porous surface its action persists for an almost indefinite period. This may be shown readily at any time by putting a few drops of a solution of iodide of potassium upon the surface which has been disinfected, when the ozone, which is being continually generated, will quickly liberate the iodine from the combination with the potassium, giving rise to a yellow discoloration, or a blue if boiled starch has been added to the iodide of potassium solution.

Suberin.—An impalpable cork powder under the name of suberin has come into use for the treatment of chapped nipples and other like purposes. It is dusted on after first washing the nip-

ple, and then covered with a gold-beater's skin, cut star-shaped, in the centre of which punctures are made with a needle. When the child is suckled the powder is washed off with water, and the skin replaced, the child drawing the milk through that without giving pain. After each nursing the powder is dusted on again, and the gold-beater's skin placed over it. It is also being used for the chafing in children instead of lycopodium, being preferred on account of containing tannin, and also costing much less.

Odorless Iodoform.—The odor of iodoform is very much disguised by the presence of the volatile oils, such as peppermint and cloves, and also by balsam of Peru. Five to eight drops of the oil of fennel to the gram of iodoform is considered, however, to be the most effectual.

Pyrogallic Acid.—Ointment of pyrogallic acid is being used instead of that of chrysophanic acid in many cases with good results. Psoriasis is the disease for which it has been chiefly tried, and the most convenient strength has been found to be that of ten per cent. Most of those who have tried it—for instance, Prof. Hebra—prefer the remedy to chrysophanic acid. They find that, though its action is slower, it has the advantage over the latter in exciting scarcely any inflammation in the part to which it is applied, and in staining the skin but slightly, the brown color produced by it quickly disappearing. Hebra has never yet seen any poisonous symptoms follow its application to the skin, although in his cases it could always be detected in the urine. A case has, however, been lately reported by Dr. A. Neisser, where a patient died with the symptoms of pyrogallic acid poisoning in the skin clinic at Breslau. One half of the body of a robust man having been covered with a chrysophanic acid, and the other half with a ten per cent. pyrogallic acid ointment, he was attacked with vomiting, and died in collapse on the fourth day. The urine was dark brown, and had a thick sediment, which consisted of a very abundant blackish-brown substance, partly amorphous, and partly in the form of casts, but containing no blood cells. As the spectrum showed the characteristic bands of hæmoglobin, and similar debris to that in the urine was found in the blood itself and in the renal tubules, there could be no doubt that it consisted of disintegrated red blood corpuscles. Dr. Neisser explains its poisonous action by its activity for oxygen in the presence of alkalies, and the consequent destruction of the red blood corpuscles, which are the carriers of oxygen. He considers that its use had best be restricted to the head and face, while chrysophanic acid may be used upon the surfaces covered by the clothing.—[Boston Medical Journal]

Was the Thoracic Duct Injured in the Case of President Garfield?—It is a curious feature in some of the criticisms and comments on the President's case, that, in view of the ante-mortem symptoms and the post-mortem examination, it should have been asserted that the "rapid emaciation and mal-nutrition" were due to a wound of the thoracic duct. As distinguished a

physician as Dr. Wm. Hunt says (Medical News and Abstract, November, 1881): "There was the origin of the thoracic duct, with its receptaculum chyli, right in the line of the wound; hence, the rapid emaciation, and the other nutritive disturbances, further explained by disturbance of the sympathetic trunks and ganglia."

The official record of the post-mortem examination (American Journal of the Medical Sciences, October, 1881), shows, by statement and diagram, the track of the ball in the spinal column to have been by a small aperture of entrance, one-quarter of an inch distant from the intervertebral foramen of the twelfth dorsal and first lumbar vertebra, and the centre of the foramen of exit to lie one-half of an inch to the left of the median line. With a view to a determination of the exact relations of the parts, I have made, within the past week, two dissections at the University of Pennsylvania, studying with especial care the thoracic duct and receptaculum chyli, and the structures immediately adjacent.

The following is a summary of my observations: The receptaculum lay in one case directly upon the median line; in the other, about a line to the right of the median line, closely applied to the body of the second lumbar vertebra, commencing in a pouch at its inferior border, and tapering upwards and to the right, to terminate at the thoracic duct at the lower border of the first lumbar vertebra. The thoracic duct then applied itself closely to the right crus of the diaphragm, and passed up through the aortic opening. The whole of this structure was efficiently protected, anteriorly and to the left by the abdominal aorta, and to the right by the vena cava.

Spicules of bone could not then have reached it from either side, where it was protected by more important organs; and to have been injured posteriorly requires the supposition of more extensive injury to the vertebra than has been stated.

The following summary of symptoms present in the six recorded cases of wound of the thoracic duct, is given by Bradley ("Injuries and Diseases of the Lymphatic System," London, 1879) and is of interest in connection with the study of this historic case.

"Hoffmann's first case was that of a woman wounded through the left side with a knife. Following the wound there was a copious discharge of a spontaneously coagulating fluid, which was observed to be milky during digestion, and clear while the patient was fasting. In his second case, the escape of chyle followed the opening of an abscess of the posterior mediastinum. Monro relates a case where the thoracic duct was wounded by a stab; the lymph escaped externally and also into the pleural cavity, interfering with the heart's action. Guifford's case is of a similar nature.

Bonnet gives the history of a Baron Heinden, who was wounded in battle by a bullet, which escaped beneath the left scapula. From this wound there gradually began to flow an excessive quantity of lymph, 'tanta in copia effluxises, ut non solum lintea quintuplicata, indusium lodicesque imbuerit, sed quoque limbos inundaverit.' The patient lived for several months, dying at last of exhaustion."

In Quinck's case, "the pleural cavity became so full of extravasated lymph that paracentesis had to be performed to prevent suffocation, from which, indeed, the patient eventually died."

It will be seen from the above, that a stillicidium of lymph, generally in great quantities, is the invariable attendant of wounds of this nature. The fact that this symptom was wanting, so far as we know, in the President's case, precludes, with even greater certainty than the anatomical considerations, the possibility of any injury to this most important organ.—[HOWARD ATWOOD KELLY, M. D., in Medical News.

Cold Water Enemata in Diarrhœas of Children.—In the American Journal of the Medical Sciences, No. 151, for July, 1878, (page 133), Dr. Michael J. B. Messemer, gives an article entitled "Cold Water Enemata as a Therapeutic Agent in Chronic Diarrhœa," in which he cites a number of cases, showing its remarkable efficacy. I was immediately impressed with the idea that said treatment deserved a thorough trial: one of the reasons being the fact that our therapeutical knowledge of astringents, etc., in these cases, was not sufficient, for, do what I could, some cases remained in *statu quo* or died. Children are by far the greater sufferers, and when called to one I felt frequently as if I wished some brother who was pining for a case had the call. I had been in the habit of using enemas of starch and opium, and since it had been of benefit, the idea that a vehicle lighter than starch, which at the same time cooled the surface of the inflamed mucous membrane of the bowel, would be very good, came to me, and I heartily thanked Dr. Messemer for extending a helping hand to one very frequently in the "slough of despond." Now, I have since first reading that article, used enemas of cold water, and cold water with tinct. opium, and the results have been such that I feel it my duty to send in this article; it having failed only in cases where my patient was beyond recovery, or when attendants failed to use as directed. I will cite a few cases:

CASE 1.—J. S., male, aged two and a half years; had had diarrhœa for several months, and I was called September 1st, 1879. I found the child suffering from chronic diarrhœa, with all the attendant symptoms. I advised an enema of cold water after each action, first injecting then pressing on the abdomen gently until the water was passed; then injecting again. This, with a strict regulation of diet, and a course of tonics, he being much debilitated, formed the treatment. This course, followed with remarkable perseverance, cured the child in a few weeks. Case had been treated with everything in materia medica generally found useful in such cases, but was gradually giving away, when above plan was used.

CASE 2.—Called December 31st, 1879, to G., male, aged three years. Found a case of acute dysentery. His father had exhausted every domestic remedy, having used both castor oil and salts, with tinct. opium, and a host of teas informant knows not of; still the child had dysenteric discharges with tormina, tenesmus, etc. I advised the use of cold water and tinct. opium (laudanum

3j. to Oss water), as an enema, telling him to use the syringe after each dejection, immediately. I also left a prescription of sub. nit. bismuth, etc., to be used if the injections failed. But the dysentery yielded at once, and nothing was given per ore.

CASE 3.—Called to a family where two ladies and two children were suffering with dysentery, cases running from eight to ten days to within two days of the time I was summoned. Dr. M., physician in charge, had exhausted every remedy he possessed any knowledge of, and still the trouble continued. I advised the cold water and laudanum, as above, in all four cases, and I did not visit either of the cases a second time, for they began at once to get better, and were soon convalescent.

Now, with Dr. Messemmer, I am not in favor of discarding everything else, and trusting cold water alone; but I beg physicians everywhere to try the above, assuring them that they will benefit many cases otherwise incurable. Read Dr. Messemmer's article; it will repay all trouble and expense.

Of course, in treating either of the above troubles it is absolutely necessary to clear the bowel of accumulations of feces, etc.

The greatest trouble will be in getting mothers to diet the patient properly. With these remarks, and a repeated request to try cold water, I close an article already too long.—[Medical and Surgical Reporter.

[We presume the writer does not mean to say in the above that the entire quantity of the water (Oss.) containing 3j. of laudanum was injected in a child three years old, but he should be more explicit.—ED. RECORD.]

Explosive Mixtures.—Medical men but rarely pretend to be good chemists, for it would require longer devotion to chemistry than the average medical student can afford; thus can it be marvelled at when we see formulas and prescriptions that, if dispensed according to the wishes of the prescriber, would result in an incompatible combination and often explosive compounds! Thinking it not ill placed to perhaps refresh the memory of the profession regarding such mixtures, especially explosive mixtures, we have selected some examples, and formulas that when combined in certain proportions become dangerous and in many instances have ended seriously; they are examples that have been experimented with, some intentionally, while others were prescribed by a badly informed physician and dispensed by a very incompetent druggist.

1. Chlorate of potash, powdered galls, tannic acid. M. Ft. pulvis.—To be used for a gargle. The powders should be mixed separately with water and not rubbed all together.

2. Chlorate of potash and pulv. catechu.—This combination is intended as a dentifrice. It however should not be dispensed alone. If other combinations are made, the danger is averted.

3. Chlorate of potash, hypophosphite of soda and water.—If the salts are rubbed together, they will explode, but if dissolved separately in the water and mixed, no harm results.

4. Chlorate of potash, tannic acid, glycerin and water.

If the tannin, chlorate of potash and glycerin are rubbed together an explosion ensues, but if the acid is first dissolved in the glycerin and the chlorate of potash in the water and mixed, no harm follows.

5. Chlorate of potash, Tr. ferri chlor. and glycerin, half an ounce of each.

This combination, so often used, when put together in the above proportions, is very liable to explode, especially if warmed.

6. Soda chlor. 2 dr.: antimon. sulph. aurat. 20 gr.

This combination, if even gently triturated, is liable to inflame with a crackling noise.

7. Lac. sulphuris 3 gr., antimon. sulph. aurat. $\frac{1}{2}$ gr., zinci valer. 2 gr., potass. chlor. 2 gr. M. Ft. Pulvis. Make 10 alike.

Potash permanganate, when associated with any readily oxidizable substance such as glycerin, explodes.

8. Chromic acid 10 gr., glycerin 1 dr.

This mixture is liable to explode, unless the glycerin is added to the acid drop by drop.

Iodine and ammonia form a very powerful explosive agent when combined, unless some water is introduced into the mixture, which seems to retard the development of nitrogen iodide, upon which the explosive properties depend.

9. Iodine 3ss., linim, camph. co., linim. saponis aa ʒii. M. F. Linim.

This combination exploded once in the hands of a pharmacist from the iodine and the ammonia in the liniment camph. co. coming in contact.

10. Acidi nitrici; acidi muriatici; Tr. nucis vom., aa ʒij. M.

This prescription was once ordered by a physician, and exploded after several hours.

11. Acid. nitro-mur., ʒj, Tr. cardamomi ʒss M.

Also this combination was the result once of a serious injury.—[Pacific Medical Journal.

Is There a Specific Urethritis?—In a "special article" in the September number of the New York Medical Journal and Obstetrical Review, Dr. P. Albert Morrow handles the question of the specific or non-specific nature of gonorrhœa. After a fair statement of close analysis of the arguments for and against specificity, he concludes that the position of the virulists rests altogether upon pure hypothesis, and is wholly untenable, while all the facts—experimental, clinical and pathological—are overwhelmingly in favor of the non-specific character of gonorrhœal inflammation. When we apply the gauge of specificity to gonorrhœa it corresponds to none of the conditions of an undoubtedly specific inflammation. No artificial production of any disease belonging to this group is possible; a specific disease is the product alone of a specific poison. Gonorrhœa, on the contrary, may be due to a variety of causes—contagious, irritant (mechanical or chemical), diathetic, etc. Again, in all specific diseases there is between the time of infection and the first expression of the disease a period of incu-

bation. No incubation, properly so called, characterizes gonorrhœa. A drop of this same gonorrhœal pus, which may require two or three days to excite suppuration of the urethra, will develop such effect in a few hours when applied to the conjunctiva, showing that the so-called incubation depends not upon the quality of the exciting cause, but upon the susceptibility of the mucous membrane. Another distinctive peculiarity of this group is that a single attack of the disease confers almost complete security from another attack—a peculiarity precisely the opposite of what is observed of gonorrhœa. The morbid poison of a specific inflammation, once in action, continues until the textual predisposition to its special stimulus is exhausted. The patient is incapable of regenerating the poison or of being affected by it when exposed anew. Both of these conditions are negated in the clinical history of gonorrhœa. Finally, specific inflammation determines special pathological changes and demands special treatment. Identical pathological processes are met with in urethritis from causes, and the most radical of virulists treat all urethral inflammations alike.—[Mississippi Valley Medical Monthly.

Select Formulæ for Ingrowing Toe-Nails.—Cut a notch about the shape of a V in the end of the nail, about one-quarter of the width of the nail distant from the ingrowing side. Cut down as nearly to the quick as possible, and one-third the length of the nail. The pressure of the boot or shoe will tend to close the opening you have made in the nail, and thus affords relief. Allow the ingrowing portion of the nail to grow without cutting it until it gets beyond the flesh.

To keep the flesh from the nail will effect a cure. A strip of lint covered with simple cerate may be carefully inserted between the nail and flesh. But prompt recovery will most generally attend the use of collodion, painted over the sore, part with a camel's hair brush.

Make a bridge of muslin from the great toe to the third, and allow the middle toe to rest on the bridge; this effectually removes the pressure from the great toe, and the parts eventually get well.

Do not remove any portion of the nail; let the patient wear a roomy shoe; once or twice a week scrape the entire surface of the nail lightly, pack a bit of cork or pledget of lint, by means of a fine knife-blade, under the corner of the nail, and let the entire nail, corners included, grow out clear of the toe, when it may be trimmed by cutting it off square. With a little patience and perseverance a radical cure may be expected.

After trimming the nail so as not to wear the stocking, scrape a narrow strip on the top of the nail from the skin to the front edge, as thin as possible; then cut out a V shaped piece in the centre of the edge, with the point of the V running in the thin scraped place just far enough not to draw blood. This, repeated once a week, has proved a permanent cure in every case tried, and has the advantage of being done by the patient at home.—[St. Louis Eclectic Med. Jour.

Supra-Pubic Operation for Lithotomy.—Dr. Petersen (*Archiv. fur Klin. Chir.*, Band XXN. S 752) considers that the dangers of the high operation for stone, which consist in injury of the peritoneum and infiltration of urine, may be prevented by modern methods of operation. He has found, by observation on eleven bodies, that when Braune's method is followed by the gradual distention of the rectum, the full bladder is dragged further forward and upright, and the peritoneum thus rises considerably with its anterior fold, much more so than when this is not the case. Petersen, therefore, has recently always operated in such a manner that he not only fills the bladder to the utmost, but the rectum also, by the introduction of a rectal tube, and the gradual injection of water the same heat as the body, so as to dilate it. In his last two operations, Petersen did not even see the peritoneum; while in his earlier operations he was obliged to push it upward. He considers that the danger of infiltration of urine may be overcome by careful suture of the bladder with fine catgut, under complete antiseptic precautions.

The special indications for the high operation he sets out as follows: 1, The presence of a large hard stone. 2, Encapsuled stone. 3, Stone in diverticula, behind the prostate gland. 4, Enlargement of the prostate gland. 5, Hæmorrhoids. 6, Fat subjects. 7, Tumors of the bladder. 8, Impermeable stricture (with the assistance of posterior catheterization.)—[*London Medical Record*.

Temperature of Sleeping-Rooms.—Dr. Horace Dobell, of London, in his excellent work, "Winter Cough," makes remarks on the temperature of bed-rooms, that are so appropriate that I will quote them. He says: "But before leaving the subject of sudden changes of temperature, I must not forget to speak of sleeping-rooms. It is quite astonishing what follies are committed with regard to the temperature of sleeping-rooms. On what possible ground people justify the sudden transition from the hot sitting-room to a wretched cold bed-room, which may not have had a fire in it for weeks or months, it is impossible to say; but it is quite certain that the absurd neglect of properly warming bed-rooms is a fruitful source of all forms of catarrh. We cannot too much impress this upon our patients." For those who do not become warm quickly after they go to bed, during cool or damp weather, the bed-clothes should be warmed by a hot smoothing-iron, or a warming bed-pan, before they retire for the night. This warming operation may be necessary even if there has been a fire in the sleeping-room all day. If a patient is subject to profuse night sweats the dampened bed-clothes should on each morning be removed from the bed, and fresh, well dried cotton clothes (linen sheets and pillow cases should be eschewed) supplied in their stead. If the perspiration has been slight, the bed sheets alone may be all that require removal, or even those may be so slightly dampened that their being placed before a grate fire will be sufficient to dry them for the next night's use.—Dr. Rumbold's *Hygiene of Catarrh*.—[*Independent Practitioner*.

The Bacillus Lepræ.—The recent descriptions of Neisser, Eklund and others, of the bacillus lepræ, first observed by Hansen, have awakened widespread interest in the pathology of leprosy. Dr. I. Bermann, of this city (Baltimore), has been able to detect the presence of the bacillus in leprous tissue, and to confirm the discoveries of the above-named authors. Sections exhibiting the bacillus were shown at the recent meeting of the American Dermatological Association at Newport. Since then, Dr. Bermann has improved his methods of preparation and investigation, and is now able to demonstrate the bacillus to perfection. His results were shown at a recent meeting of the Baltimore Clinical Society. The directions given by Neisser for detecting the little organisms enable one to recognize them, but not with satisfaction. Weigert's methods for investigating bacteria answer the purpose perfectly. The affinity of the bacillus lepræ for the aniline violet staining fluid is remarkable. By immersing the stained sections in oil of cloves for forty-eight hours, the violet color is removed almost completely from the tissues, leaving the bacilli stained dark purple and presenting sharp outlines. It remains very difficult to see them, however, even after this preparation, and objectives of high power (with small angle) must be employed. By using, as a condenser, an objective of about one-quarter inch, for illumination, they come out with splendid definition. The bacilli are mostly to be found in the protoplasm of the cells, but may be seen elsewhere. Sections thus prepared and examined will satisfy the most incredulous. Dr. Bermann has been the first in this country, we believe, to detect the bacillus, and will shortly publish his observations in full.—[Med. News.

What Constitutes a Good Physician.—A writer in The Spectator, says: "A man can hardly be a good physician without having a considerable share of native scientific ability; and he should also have much of the artist's sensibility to form, color, and expressive motion. The physician, besides actual accomplishments, of which he is likely to have quite enough outside his vocation, is often the most agreeable and well-informed man in the world, in his very large circle. And everything conspires at present to compel or invite the widening of his horizon. To be a really good physician a man must be a psychologist. This does not mean that if he finds in a case of insomnia no obvious cause for the patient's disorder, he should ask the unfortunate man if he has anything on his conscience, embezzlement, for instance. It is well known that Lord Eldon, when plain John Scott, and the lady whom he married, were lovers all their lives. Early in the honeymoon Mrs. Scott fell ill in a strange village, and the local practitioner was sent for. Having, after the usual routine, failed to make out what was the matter with this beautiful lady, he said: "I am afraid, ma'am, there is something on your mind. You are not happy with your husband!" This was bad practice. There is but little necessity to allude to the dismissal of that doctor. The anecdote only illustrates, in passing, the sense in which the physician must not be a psychologist."—[Mich. Med. News.

Black Sheep in the Flock.—Very few suits for malpractice have occurred in San Francisco or in the state. Such suits depend commonly on the loose tongue and low appreciation of professional honor possessed by some cackling doctor. As a rule, this doctor is the cat in the meal tub. We have lately heard of a suit for malpractice in San Francisco which was so begotten. An ununited fracture was exhibited to a young surgeon. With that superior knowledge which every young surgeon—and not a few old ones—possess beyond every other surgeon, our juvenile Ambrose pronounced it a case of malpractice and suggested a lawyer. And a lawyer it was, and lawyer it is. So the profession stands before the public at the bar of the court, divided against itself and lowering its status in society. When will the professional instigators of suits for malpractice learn that they are blindly smiting themselves?—that they are undermining the house they live in?—that they cannot throw dirt on a professional brother without soiling their own hands? A little more professional honor, comrades! A little more professional sympathy and fraternity! A little more esprit du corps!—[Pacific Medical Journal.]

[The same may be said of most of the professional criticisms in the case of President Garfield.—ED. RECORD.]

Treatment of Spermatorrhœa.—Dr. Nowatschek reports in Schmidt's Jahrbucker, January 1881, a case of spermatorrhœa consequent on typhoid fever, the diagnosis resting on the presence of spermatozoa in the fluid which was constantly oozing from the urethra. Iron, quinia and cold applications to the genitals were tried in succession with some success, but a cure was not accomplished. Lupulin, camphor, and bromide of potassium were without effect. Atropia was then employed, and the patient was completely cured in five days. The author cites a second case where he was equally successful with the hypodermic injection in the perineum of a one per cent. solution of atropia.—[Jour. de Med. de Paris, Oct. 8, 1881.]

What is Malaria?—Touching the statement often made that there is no such thing as malaria, Dr. A. G. Smithe, of Baldwyn, Miss., says: "If malaria is a delusion I am ready to exchange the doctrine now held, whenever a better cause, (for a cause there must be,) for the diseases now charged to that cause is given. Call it what you may, poison, or a want of poison, give us something in exchange for our delusion."

That malaria—so-called—is a micro-organism breathed into the circulation through the lungs, may be now regarded as *almost* an established fact.—Ed. Record.

New Hypodermic Syringe.—Dr. Ely, in New York Medical Association, exhibited a hypodermic syringe revised and modified by himself, and manufactured by Tiemann, of New York. The instrument is commendable because of its compactness. The needle is inclosed in the piston, and the barrel has a close-fitting cap, which prevents the possible entrance of air or dust. The syringe is about as large as a lead-pencil.

Bromide Ammonia in Cholera.—Dr. E. Halsey Wood, in the Michigan Medical News, May 10, after sketching the phenomena of cholera, says of the Bromide of Ammonia: "It energizes the ganglia and restores innervation, and all the evidences of deranged function disappear under its influence. It is as specific in the mild as it is in the severe degree of ganglasihenia, and thus not only exhibits its potency but proves that the shape of disease assumed is due to different degrees of the same condition." In proof of his assertions the doctor describes a case each of diarrhœa, cholera morbus, cholera infantum, and Asiatic cholera, in which this remedy was successfully employed, and concludes with the assurance that it "is absolutely certain in its action. The administration of a dose imparts the sweet consciousness that it can be relied on to perform the assigned duty without failure in all cases. —[New York Medical Times.

Collyrium for Dissolving Metallic Foreign Bodies from the Cornea.—Dr. Rodriguez reports the following case, (*Revista de Ciencias Medicas*, Oct. 25, 1881): A blacksmith, aged eighteen years, while forging a piece of iron, received in his left eye a small splinter of the metal, which remained there incrustrated in spite of all attempts to remove it. The following wash was then employed: Rose water, 90 grm.; Iodine, .05 grm.; Iodide of Potass., .05 grm.; the result was extremely satisfactory. The particle of metal was transformed into a soluble iodide of iron, and all traces of the foreign body had disappeared. The cornea regained its normal condition, and vision remained unaffected.—[*Jour. de Med. de Paris*.

Dyspepsia Caused by Tight Lacing.—Dyce Duckworth, M. D., in *The Practitioner*, says: "I find many cases of dyspepsia in women yield quickly to the use of proper stays. Again and again I have known chronic vomiting in young girls to be due solely to tight stays. Palpitation and dyspnœa, not due to anæmia, are frequently caused by bad stays. The worst cases naturally occur in young women who are inclined to embonpoint, and whether this be constitutional or aggravated, as is that condition by anæmia, the obese tendency commonly both adds to the compression and gives cause to the wearer to increase her troubles in the efforts to retain (what she conceives to be) shapely proportions.

Improvement in Hypodermic Injection.—Dr. Mason recommends the following as the best way of dealing with the piston of the hypodermic syringe when its packing gets worn and loose so that it does not work readily. Remove the small nut at the end of the piston and take half of the packing off (it is usually in two parts) and place between them a piece of chamois skin. Cut it round leaving it somewhat larger than the packing. It will absorb water, swell, and completely fill the barrel. A trial of this will convince the most skeptical of its value over all other devices to do away with the most annoying feature connected with the use of the syringe.—[*Medical Times and Gazette*.

SCIENTIFIC ITEMS.

Is there Life in other Planets?—This question, so often mooted of late, appears to be answered in the affirmative by the discoveries of the eminent geologist, Dr. Hahn. In meteoric stones, and especially in the class called chondrites, on account of the peculiar spherical enclosures found in them, he has recently observed an entire series of organic remains. By a laborious process of grinding down and polishing these fragments, he succeeded in producing a large number of thin laminæ or delicate stone shavings, which he subjected to a careful series of investigations under the most powerful microscopes. He has recently published a book on this subject, containing on thirty-two plates more than one hundred representations of these laminæ of meteorites, every one of which contains different forms and figures, which Dr. Hahn positively identifies, not as mineralogical but as organic, and, in fact, as zoological formations belonging to the different classes of sponges, corals and crinoids. These pictures, which have been reproduced from the original laminæ by photography without any alterations or additions by a draughtsman, must cause great surprise to every geologist and palæontologist, who will at once recognize the structure of well-known coral types on several of the plates. The majority of the meteorites containing these forms are part of the celebrated great meteoric fall of Knyahinya, in Hungary, which took place on the 9th of June, 1866.—[Drug. Circular.

To Hasten the Germination of Cotton Seed.—A discovery of some importance has been made respecting cotton seed. Professor Thomas Taylor, who had been asked by the Agricultural Department of the United States to report on the position of the oil cells in cotton seed, found that one series was situated near the outer surface and another immediately surrounding the germinating point. Finding the seed thus protected, he experimented as to the effect of sulphuric acid of commercial strength upon the seed, and proved that while the cotton adhering to the seed was destroyed, the outer shell was not visibly affected, and that after washing and planting the seeds germinated six days earlier than seeds not so treated. This treatment facilitates the expression of the oil, and it is proposed to endeavor to remove from the sulphuric acid the glucose formed by the solution of the cotton.—[Gardeners' Chronicle.

To Preserve Iron from Rust.—M. Ventura Serra, after many years of experiment and observation, having noticed that knives used in cutting plants belonging to the family of Euphorbiaceæ did not rust, is led to recommend for this purpose an alcoholic solution of gum (resin of) euphorblum. This, when applied to steel, iron or copper, forms a thin, uniform, and very adherent layer, which effectually protects the metal. Experiments with copper immersed in sea-water—a ship's sheathing—were followed by gratifying results.—[Druggists' Circular.

Tongues and Gizzards.—A recent English writer says: The common snail sets forth to ravage our gardens equipped with 150 rows of stout serrated teeth. The whole palate contains about 21,000 teeth, while a full-grown slug has over 26,000 of these silicious spikes. The whelk has a ribbon-like tongue, contained in a proboscis, with which it bores holes in the shells of the mollusks which form its food. The tongue has strong, saw-like teeth on the edges, with rows of finer ones between. In some mollusks the tongue resembles a tassellated pavement, with a tooth in the centre of each lozenge-shaped compartment. But although the palatal system of the snails forms a most powerful and efficient apparatus for triturating their food, it more closely resembles the gizzard of birds than the teeth of quadrupeds, and it is in the class of fishes that we find the first examples of true teeth, set in a bony socket and ranged at the opening of the alimentary canal. At what time the fashion of wearing teeth came in we have no means of ascertaining. If, however, the Darwinian theory be correct, at some enormously remote period of time some lucky animal developed the new weapon by a series of fortunate variations, and its possession gave to him and his posterity such a "pull" over their competitors that they were able to set the fashion, which has lasted to the present day.—[Jour. of Chem.

A New Gaseous Disinfectant.—M. Peyrusson has communicated to the Academie des Sciences the result of a series of experiments made with the fumes of nitrous ether. From these it has been demonstrated that they possess a most manifest disinfectant and anti-putrid action.

In addition to the trials made with it in the laboratory, it has been employed in the hospitals of Limoges. This agent has successfully purified the wards. It has also been used to preserve cadavers.

This ether offers another advantage: Its odor is mild, agreeable and entirely inoffensive.—[Monthly Review of Medicine and Surgery.

What is Sulphur?—Less than a hundred years ago this question was answered by Stahl as follows: Sulphur consists of oil of vitriol (sulphuric acid) combined with combustible essence. Sulphur can be made out of sulphuric acid, he said, by heating it with charcoal dust, because the latter contains the combustible essence or being. But this combustible essence had not been isolated and obtained in a free state, which seemed to puzzle some of the skeptics of that day, and led them to deny the existence of oil of vitriol in the sulphur.—[Ibid.

Cosmical Hail.—M. Shevedoff, a Russian scientist, advances the remarkable hypothesis that hail is of cosmical origin, and captured by our world in its journey through space in the same manner that meteorites are attracted to our planet. He does not, however, explain why the heat generated when the hail-stones strike our atmosphere does not melt them.—[Ibid.

PRACTICAL NOTES AND FORMULÆ.

Absorbent Cotton.—The American Journal of Pharmacy says: Take of the best quality of carded cotton batting, any desired quantity, and boil it with a 5 per cent. solution of caustic potassa or soda for one-half hour, or until the cotton is entirely saturated with the solution, and the alkali has saponified all oily matter. Then wash thoroughly, to remove all soap, and nearly all alkali; press out the excess of water, and immerse in a 5 per cent. solution of chlorinated lime for 15 or 20 minutes; again wash, first with a little water, then dip in water acidulated with hydrochloric acid, and thoroughly wash with water; press out the excess of water, and again boil for 15 or 20 minutes in a 5 per cent solution of caustic potass; now wash well, dipping in the acidulated water and washing thoroughly with pure water. Afterwards press out and dry quickly.—[Ex.

Pruritus Vulvæ.—In the acute stage of pruritus accompanying vulvitis, emollient applications are, of course, indicated. Starch poultices (not linseed, for this decomposes too easily), lotions of infusion of belladonna, aconite, or poppy-heads, or of a weak solution of bromide of potassium or of chloral (three grains to the ounce), may be used. They should be hot rather than cold. Washes of corrosive sublimate of one-per-cent. strength may be employed when the stage of acute inflammation is passed.

Fifty parts perfectly neutral glycerole of starch, containing one part of the following substances, tannin, calomel, extract of belladonna, or oil of cade, according to circumstances, may be used with advantage. Now and then light cauterizations with nitrate of silver prove advantageous. Revillout has occasionally found that the insertion of slices of citron between the vulva will allay the itching. In chronic cases Dr. Gueneau de Mussy anoints the vulva night and morning with the following—

R Glycerol. amyli, ʒj,
 Potassii bromidi..... } aa gr. xxv,
 Bismuthi subnit..... }
 Hydrarg. chlor. mite..... gr. x,
 Ext. belladonnæ..... gr. v.

M. The vulvæ are to be washed with a dilute solution of borax containing a little emollient, as starch.

Delieux de Savignac follows the lotion just mentioned with a powder:

R Pulv. lycopodii..... ʒj,
 " bismuthi subnit..... ʒiiss,
 " radidis belladonnæ..... ʒss.

M. In very rebellious cases, hip-baths, each containing two to three drachms of corrosive sublimate, first dissolved in dilute alcohol, may be employed.—Med. Times.

For Itching.—The late Dr. Tilbury Fox, (in Practitioner) insisted particularly on the use of soothing remedies in various forms of skin disease where there was irritation to be allayed. These may consist of substances in the state of powder, as the carbonate and oxide of zinc, bismuth, chalk, etc., suspended in water, to which a little glycerine has been added. Glycerine when so used must be the best and purest, free from fatty acids, and must be well diluted. Pure glycerine undiluted is an irritant, freely diluted with water is an emollient, and the best remedy we have for that dry and fissured state of the cuticle occurring in the hands and face and legs during frost or when east winds are prevalent. The same softening effect is produced when glycerine and starch are combined in the glycerinum amyli of the Pharmacopœia, the starch here serving both to dilute the glycerine and also to impart its own demulcent properties.—[Monthly Review of Med. and Pharmacy.

Injection Brou.—The following is given as formula for this famed gonorrhœa injection: sulphate of zinc, eight grams; acetate of lead, fifteen grains; tincture of catechu, two drachms; aqueous tincture of opium, three ounces. The formula of the aqueous tincture of opium is known to but few pharmacists, and it is, therefore, not easily obtained. It is, however, not impossible that a dilution of tincture of opium would answer all purposes.—[Monthly Review.

The Bromides.—Dr. Sequin thus prescribes the bromides—

R Potassii bromidi..... $\frac{3}{4}$ jss.
Aquaë..... $\frac{f3}{4}$ vij.

A teaspoonful contains fifteen grains of the salt.

Another formula which he often employs is:

R Ammonii bromidi..... $\frac{3}{4}$ ss.
Potassii bromidi..... $\frac{3}{4}$ j.
Aquaë..... $\frac{f3}{4}$ vij. M.

Of this solution also a teaspoonful contains fifteen grains of the salts.—[Medical Times.

Formulae Used in the New York Hospital—For external use.

ANTISEPTIC SOLUTIONS.

Sol. acid carbolic.....1-20 water.
Sol. acid carbolic1-30 water.
Sol. acid carbolic1-40 water.
Sol. acid boracic1-30
Sol. thymol.....1-1000

Distilled water is preferred; it will make a clearer solution than ordinary water.

WARD GARGLE.

R Tannin..... $\frac{3}{4}$ ss
Sol. potassii chlorat. sat..... $\frac{3}{4}$ viij
M.

CARBOLIC SPRAY.

- R Sodii bicarb.,
 Sodii biborat.....aa 3j
 Acidi carbolici..... gr. xl
 Glycerine..... 3vij
 Aquæ.....ad 3vij
- M.

MURIATE OF AMMONIA WASH.

- R Ammonii chloridi..... 3 ss
 Tinct. opii.....ad 3 j
 Aquæ..... Oij
- M.

CHURCHILL'S TINCTURE OF IODINE.

- R Iodinii..... 3 j
 Potassii iodidi..... 3 j
 Aquæ destill.,
 Alcohol.....aa f. 3 ij

PARASITICIDE.

- R Acidi carbol..... grs. x
 Ungi. hydrarg nitrat.,
 Sulphur. precip.....aa 3 j
 Ungt. simplicis..... 3 j

STIMULATING LOTION.

- R Arnicae tinct..... m xx
 Spts. rosamarin..... m xv
 Aq. dest..... 3 j

CARBOLIZED VASELINE.

- R Vaselineæ..... 3 xx
 Acid. carbol. crystal..... 3 j
- Melt each separately and mix.

OINTMENT OF CHRYSOPANIC ACID CONCENTRATED.

- R Acid. chrysophanic..... 3 j
 Ung. simplicis..... 3 iv
- Melt the ointment, and while hot add the acid, stirring till dissolved.

OINTMENT OF SALICYLIC ACID.

- R Pulv. acid. salycilic..... 3 j
 Vaselineæ..... 3 j

CHLORATE OF POTASSA MIPTURE.

- R Ammon. muriat.,
 Potass. chlorat.....aa 3 j
 Ext. glycyrrh..... 3 ss
 Aquæ cinnam.....ad 3 iv
- Dose, a tablespoonful.



EDITORIALS AND MISCELLANEOUS.

OUR JOURNAL FOR 1882.

We are pleased to announce to the friends of *THE RECORD* that while very few have discontinued the Journal the present year, that many additions to our list are coming in, and that the outlook for the future is very encouraging. We trust that our subscribers will work for the Journal. A kind word aptly spoken will often be sufficient to procure us a new subscriber.

We trust also that our friends will write for us. Will be especially thankful for short, practical items, facts, formulæ and reports of cases.

BREARLEY'S SYSTEMATIZER.—This is a new and convenient diary for keeping memoranda of office work. There is a place and a page for every day in the year, where slips or memoranda of any kind may be deposited, and so arranged as may be quickly and readily found. It will last for many years, and is certainly an unique and happy device for facilitating and systematizing office work. Price, \$3.50. Address W. H. Brearley, Detroit, Mich.

MESSRS. PARKE, DAVIS & CO.—We acknowledge the receipt, in due time, of the beautiful card of the above staunch and excellent house of Detroit, extending to the managing editor of *THE RECORD* the compliments of the season. We warmly appreciate the token, and reciprocate the kind wishes of our friends so elegantly and courteously tendered.

ALLEN & MASSER—PHARMACEUTICAL CHEMISTS.—We ask special attention to the advertisement of this excellent house in the present issue of our Journal.

J. BRADFELD, Druggist, Atlanta. See the advertisement of this house, in our Journal, which makes a specialty of Physicians' Supplies. Dr. Bradfield's long connection with the drug business, and his extensive acquaintance throughout the Southern States, his accommodating disposition and his great energy as a business man, will doubtless secure for his house a liberal share of the patronage in his line.

KIDDER & LAIRD.—An advertisement of this excellent house may be seen in the present issue of this Journal.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

Some very hard things are now being said of the American Medical Colleges. To instance the subjoined remarks in "Gillard's Medical Journal," copied in the St. Louis "Clinical Record," and indorsed by the editor of that Journal as a correct report of its history.

We copy the extract without further comment than to say that we never abused the Association, although we did not regard the plans adopted as the best to accomplish the important objects sought. We always favored, and still favor higher education, and have urged our brethren of the press to unite their efforts in encouraging the profession to this end. It was the design of the College with which we are connected to unite with the Association, but when we became aware that the pledges assumed by its members were not in every instance faithfully observed, even by some who boasted of their connection with it—using it to the disparagement of the nonaffiliated schools, among which are a number of the best institutions in the country—we hesitated and finally declined to make the connection.

The following is the extract alluded to:

"The readers of this journal (Clinical Record) are well aware of its long entertained doubt as to the reliability and efficiency of this organization. It was organized chiefly through the action of the Jefferson Medical College of Philadelphia, which, though receiving from year to year the honor of its presidency, has conspicuously refused to sustain it. It was god-fathered by the College of Physicians and Surgeons of New York, which has long since abandoned it. And it was dry-nursed awhile by Bellevue, which has repudiated it.

"Through several years of unsteady and feeble existence, it has tottered along, repudiated by many, ridiculed by more, and distrusted even by its alleged supporters. Its downfall has been predicted by this journal almost as often as its inefficiency has been demonstrated. And now what is the last manifestation of its vitality, reliability and genuineness? It met once at Richmond, Va., when the Jefferson Medical College declined any longer the honor of its Presidency!! New officers, Dr. J. M. Bodine, of Kentucky, President; Dr. Briggs, of Nashville, Vice-President, and Dr. Leartus Connor, Secretary (all excellent gentlemen), were elected; it then hopelessly adjourned, and never succeeded again in obtaining a quorum; and the last abortive effort at a meeting was adjourned subject to the call of the President!! When one remembers what this noisy and curious little body promised to do, what its fulmination and resolutions and fuss have been, and reads now of the pitiable result, he can only exclaim, *montes parturiunt et nacitur ridiculus mus!*"

PAMPHLETS, ETC.

SPIRITUALISM AT THE CHURCH CONGRESS, by M. A. (Oxon), author of "Psychography," "Spirit Identity," "Higher Aspects of Spiritualism," etc., with advice and information for enquirers, and some additions by the American publishers. Price, 10 cents.—Religio-Philosophical Journal, Chicago.

A little work of 37 pages, containing a discussion in the Church Congress, an assembly of clergy and laity of the Established Church of England, at its late meeting at New Castle on Tyne.

This pamphlet will be likely to attract the attention of the clergy and intelligent Christian men who, whatever views they may have of the phenomena of spiritualism, are frequently insulted or disgusted at the very threshold of their investigations of this strange subject by the manifest hatred and bitter opposition toward the Christian Church which characterizes a large portion of the literature of the Spiritualists of this country.

Now that the truth of the phenomena has been recognized by certain prominent scientists in Germany, and that certain fair minded writers, as Watson and others, are presenting the subject in the aspect of a moral and Christian philosophy, we may expect that those who have heretofore refused to investigate it, even the clergy, will now be inclined to examine into its truth and merits. Aside from the moral aspect of the subject, it certainly presents questions of singular interest to the physiologist and the scientist. W.

SOMETHING NOVEL, SIMPLE, ECONOMICAL AND COMPLETE.—The "Physicians' Day-Book and Cash Record, Ledger and Obstetrical Record" combines more elements of ease, beauty and perfection, together with simple accuracy for physicians' book-keeping, than any system hitherto offered in our State. We have examined them and can heartily recommend the books to the brotherhood, as they are suited to all kinds of practitioners. Captain M. E. Cooper is the exclusive and general agent for this State, and all orders from Georgia are filled through him alone. His address is Atlanta. The system adopted is protected by copy-right, and full notes of explanation and specimens accompany the books. P.

VICK'S FLORAL GUIDE and Catalogue of Choice Vegetable Seeds, etc., is on our table with its usual beautiful illustrations. His establishment is at Rochester, New York.

HERMAN, SIBLEY & Co., Rochester, New York, and Chicago, Illinois. Seed catalogue—every variety, beautifully illustrated.

THE SOUTHERN WORLD—a journal for the Farm, Home and Workshop. Published in Atlanta, Georgia, at \$1.00 per annum. This is an excellent paper. Its several departments of Agricultural, Stock, Workshop, Home Circle, Young Folks, Sabbath Hour Questions Asked and Answered, are ably conducted by different writers, giving instruction, miscellany, variety, spice and interest adapted to all classes of readers. Every copy beautifully illustrated. It is published twice a month by The Southern World Publishing Company, Atlanta, Ga.

We learn that W. G. Whidby, a good writer and experienced newspaper man of Atlanta, has been recently engaged as business manager of this paper.

The *Southern World* will be sent as a premium to any one who will send us a new subscriber enclosing our regular subscription price, \$2.00.

THE DAILY FLORIDA UNION is now among our exchanges. It is a large, neat and well managed paper, and speaks well for Jacksonville. It evinces unmistakable talent in its editorial columns. We are not surprised at this, since we have learned that Col. Jno. T. Graves, formerly of Atlanta, is now connected with its editorial department. Though a young man, he is a writer of fine ability and great promise. He is also an able and eloquent speaker.

BOOK NOTICES.

THE OPIUM HABIT AND ALCOHOLISM. A Treatise on the Habits of Opium and its Compounds—Alcohol, Chloral Hydrate, Chloroform, Bromide Potassium, and Cannabis Indica—including their Therapeutical indications; with suggestions for treating various painful complications. By Dr. Fred. Heman Hubbard. A. S. Barnes & Co., New York. J. J. & S. P. Richards, Atlanta. In Cloth, 259 Pages. Price, \$2.00.

It is a timely, able and interesting work, in which the habits above named, now so alarmingly prevalent in this country, are separately treated, and the abnormal conditions peculiar to each described, and the treatment best adapted to their relief fully detailed.

A MANUAL OF OPHTHALMIC PRACTICE. By Henry Schell, M. D., Surgeon to Wells' Eye Hospital, and Ophthalmic and Auricular Surgeon to the Children's Hospital; with fifty-three illustrations. Philadelphia, D. G. Brinton. J. J. & S. P. Richards, Atlanta, Ga.

A neat volume of 263 pages. The various diseases of the eye with their surgical and medical treatment are ably and satisfactorily discussed. It will repay perusal, not only to the specialist, but to the general practitioner.

RECEIPIED.

1881.—Drs. G W Bowling, W E Bryant, J W Talley, B F Darnell, A H Smith, R J McMullan, W B Maxwell, J H Goss, Colin Bethune, B M Woolley, H H Malone.
 1882.—Drs. R H Edwards, N G West, J E Wright, J W Harris, W B King, N B Warren, E Wheeler, E A Anderson, J F Blanks, A R Jones, W T Beall, R S Powell, J H Wyssong, S V Pankas, W J Lee, R A Shimpoch, A Atkinson, W A Brown, A B Loving, Dr. Chub, P C Tircuit, J W Vissage, C B Thomas, C H Smith, S M Hogan, J E Fripp, R F Mathews, E H Farham, Lockwood Allison, R L Hinton.

SPECIAL NOTICES.

Wm. R. Warner & Co.—This firm, so long and favorably known, still maintain their high reputation as Druggists and Manufacturing Chemists. Their business is coextensive with the Union, and extends also into the European markets. The Sugar Coated Pills, the Parvules, and specialties, and all the goods manufactured at this establishment are of a high order, and have the confidence of the trade and of the medical profession everywhere.

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WE have recently tested the new antiseptic, **Listerine**. It is very slightly, pleasant, and, as far as our experience goes, proves to be a most valuable remedy, destined to be used more or less by every progressive physician. In Leucorrhoea, **LISTERINE** has been found to answer the purpose better than the majority of other remedies used for that purpose. In a case of chronic diarrhoea, where many different remedies had been administered without much benefit until **LISTERINE** was used, the patient steadily gained his former good health.—*The Medical Summary, Pennsylvania.*

Worthy of Record.—The Powell Manufacturing Company, of Baltimore, the manufacturers of Powell's Beef, Cod Liver Oil and Peppin, the superior food and nutritive tonic, have taken the true ground in the introduction of their valuable medicine, (which our leading practitioners are prescribing largely), by guaranteeing to the medical profession that they will not in any way advertise the Powell's Beef, Cod Liver Oil and Peppin so that it will come under the head of a patent medicine.—*Exchange.*

DR. J. S. WELLFORD, of Richmond, Virginia, Professor of Diseases of women and children in the Medical College of Virginia: "I have paid a great deal of attention to urinary troubles, and have frequently and freely prescribed the **LITHIA WATER** in their treatment with the very best results. In all the forms of the Uric Acid Diathesis, whether as well-formed Gravel or Gout, or in the milder forms of Gouty Dyspepsia or Nettlerash in their various varieties, I know of no Mineral Water which I consider at all equal to that of Spring No. 2.

"In many Skin diseases of old age, dependent on the Uric Acid Diathesis, such as Eczema, etc., this water acts most beneficially."

BEDFORD ALUM AND IRON SPRINGS.—The advertisement of these Springs may be seen in another part of this Journal, and should be carefully read. The Editors have tested its virtues. It is an excellent remedy in hemoptisis, or as an anti hemorrhagic in any case, especially of a passive character. As an injection in gleet, gonorrhoea, leucorrhoea, etc., it is highly useful. As a gargle in ulcerated sore throat it is very efficacious. In chronic diarrhoea it is often useful, and given in small doses, in the night sweats of phthisis it has been found an excellent remedy.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the **ELLIOTT**. Doctors that do the same thing get the standard article. Send for circular to A. A. DELLIER, 709 Washington Avenue, St. Louis, Mo.

CELERINA.—As a nerve tonic in low and depressed states of the system, this preparation is highly commended. In sexual debility, in urethral and bladder affections and in the nervous prostration resulting from the abuse of tobacco, opium, etc., it is highly useful. Try it.

JOHNSTON'S FLUID BEEF is an article that can be safely recommended as a concentrated natural agent. We have tried it in low states of the system and found it an admirable article. In the diarrhoeas of infants, wherein the child is taken from the breast, and is dying of inanition, a little of this fluid beef has been known to support the child and save life. Try it.

HYDROLEINE.—The advertisement of this valuable preparation may be found in this Journal. As a substitute for Cod-Liver Oil in lung affections it is likely to have a fine run. The formula is published upon the labels, and will at once impress any practitioner in its favor, as well adapted to consumption and other wasting diseases.

T H E

Southern Medical Record:

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R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XII. ATLANTA, GA., FEBRUARY 20, 1882. No. 2.

ORIGINAL AND SELECTED ARTICLES.

VIBURNUM PRUNIFOLIUM.

BY THOMAS F. HOUSTON, M. D., OF CLARKESVILLE, GA.

There is a trite old saying, "When doctors differ then the devil's to pay," but in spite of this warning, I feel constrained to take issue with Dr. A. G. Smythe on account of an article upon this subject, published in the RECORD for December. The writer utterly annihilates this valuable drug, saying that no remedy had so utterly failed him as viburnum, during a practice of forty-five years. While I would not, for one moment, question the Doctor's veracity, I am at a loss to understand these results, so diametrically opposite to my experience in its use. And I must attribute his want of success to the inferiority of the article, or the smallness of the dose. Being a new and comparatively little used remedy, there is not the same care taken in its collection and manufacture as there is of the standard drugs. In regard to the dose, the various works give the dose of the fluid extract (the only form in which the drug should be used) as one drachm. I rarely give less than two, and repeat this every fifteen minutes until I get the desired effect, if I have to give a fluid ounce. In fact, my method of using the drug is to give to my pregnant patients, if there is the slightest tendency to abortion, a bottle of the fluid extract, and direct them to take from one to four drachms every time they feel any pelvic

uneasiness, proportioning the dose to the amount of the disturbance, and to assume the recumbent posture. If the patient has ever miscarried, I direct her to take one drachm three times a day during the week in each month that the menses would be present. did not the pregnancy exist. I could cite many cases in which this treatment succeeded perfectly—in one, the lady went to full time, after having miscarried seven times.

Of course I do not claim that black haw will cause the retention of a dead fœtus, or remove the reflex irritation caused by an ulcer or a laceration of the cervix, or other mechanical or pathological reason for this attempt of the uterus to expel its contents. But in the condition known as irritable uterus, due entirely to nervous action, caused by over exertion, fright, mental worry, an abortive tendency, etc., if the dose is sufficiently large and given early enough in the attack, viburnum will prove itself worthy of the confidence that I ask for it. In cases in which worry or mental excitement or grief is the exciting cause, the bromides, tincture of valerian, or valerianate of ammonia, is a valuable addition. Though I have no ambition to "excel my predecessors in sounding the virtues, claims and praises of viburnum prunifolium in the prevention and arrest of abortion, miscarriage and all the concomitant troubles attending that condition," still I must say that, in my humble judgment, if it is used in the class of cases given, and with sufficient promptness, it is as much a specific for abortion as quinine for malaria, and aconite for inflammatory fever.

Speaking of quinine, I give it in full doses to pregnant women *without hesitancy*, simply combining a corresponding dose of black haw with it. Again, there is nothing better for after-pains, and this very evening, since I commenced to write this article, I was summoned to see Mrs. —, suffering with neuralgic dysmenorrhœa which was relieved in 15 minutes by ʒii viburnum and 5 grs. croton chloral hydrate. In ordinary cases the croton chloral is not needed, but if there is much nervousness it is well to combine it.

I trust Dr. Smythe will pardon my differing so strongly with him, but it is in the hope that it will call out the opinions of others who have tested this drug, and who are more competent to defend it than I am.

FLUID extracts of digitalis and colchicum are said by Dr. Squibb to be more eligible preparations than the corresponding tinctures. They are eight times as strong, and cost only half as much.—[Louisville Medical News.]

RHUS TOXICODENDRON—(POISON OAK.)

BY R. L. HINTON, M. D., OF ARKANSAS.

Having noticed quite a number of remedies offered in the Journals during the past twelve months for the cure of the distressing rash caused by poison oak, I offer a specific in "sassafras tea"—an infusion of the root, or better, the bark of the root of red sassafras—for there are certainly two varieties, known as the red and the white sassafras. Bathe diseased surface frequently, or constantly in the cold infusion, or better, apply a wet cloth. I am very susceptible of this poison myself, and stumbled upon this remedy from painful experience about fifteen years ago. I have used no other remedy since that time, though frequently called upon to prescribe for this poison, and in several cases that were aggravated by the application of various remedies, many of them worse than the disease. In such cases I advise the warm infusion as a drink three times a day, which, with sugar and cream, makes a pretty good substitute for tea or coffee. I have found this remedy a success in other skin diseases.

**ABSTRACT OF A CLINICAL LECTURE ON THE RE-
COGNITION AND TREATMENT OF THE EAR-
LY STAGES OF POTT'S DISEASE.**

BY D. HAYES AGNEW, M. D.,

Professor of Surgery in the University of Pennsylvania and of Clinical Surgery in the University Hospital.

REPORTED BY J. WILLIAM WHITE, M. D.,

Demonstrator of Surgery in the University.

GENTLEMEN—There is, perhaps, no disease in which it is more important to recognize the early and premonitory symptoms than the one with which the little patient before you is affected, and which is variously known as Pott's disease, angular curvature, antero-posterior curvature, and caries of the spine. Each of these titles are, in some respects, objectionable. The name of Mr. Percival Pott has been associated with the disease because to him we owe the first correct exposition of its pathology and treatment. It, however, conveys no information as to the character of the ailment, and although the most common, is perhaps the least useful of its designations. Angular curvature and antero-posterior curvature are names derived from certain symptoms which are not invariably present, and which do not usually appear until what might be called the second stage has been reached. They therefore, as has been pointed out by Mr. Howard Marsh, are liable to mislead

the practitioner by causing him to regard them as necessarily to be found at all periods of the disease. Neither is caries of the spine, although present in a large majority of cases, an absolutely constant pathological condition in such patients, the characteristic symptoms being sometimes produced by a process of interstitial absorption, which goes on to the destruction of the bodies of the vertebræ without the ulceration and suppuration which are essential elements of true caries.

We may say, however, that, call it by what name you will, the disease is one in which, owing to one or the other of these processes, a disintegration of the vertebral bodies takes place, producing, *first*, irritation of the spinal nerves as they pass out through the intervertebral foramina; and, *second*, a crumbling of the affected bones under the superincumbent weight of the head and body. When this breaking down of the vertebræ occurs in the anterior portion of their bodies, as it commonly does, and when, as is also usually the case, it is attended with the production of pus, we have the more or less marked deformity, and the psoas, iliæ, lumbar or dorsal abscesses, which, as a rule, characterize this period of the disease and render it easy of recognition.

I shall confine myself to-day, however, to calling your attention specially to the symptoms belonging to the first stage, which, in nearly every instance, are due to nerve irritation, and which, taken together, should almost unfailingly lead to the detection of the true nature of the malady, at a time when proper treatment will often result in complete cure without disfigurement, but which in practice I find are usually not recognized until this all-important period has passed. Any one of these symptoms may be the first to attract the attention of the child's family; but, as a rule, you will be consulted in reference to a supposed alteration in the little one's disposition, a tendency to avoid all active amusements, a slight dullness or peevishness, or general malaise, which only becomes noticeable or alarming on account of its persistence. If you will at this time carefully observe the movements and posture of the child, you will see that its motions are restrained, that it carries itself with unnatural stiffness, that its gait is possibly a little shuffling, the feet not being lifted from the ground, and that when standing or sitting it leans forward and rests its hands upon the knees or anterior portions of the thighs. You should now at once reflect that these symptoms are all explicable on the theory that some change is going on in the spinal column, probably in the vertebral bodies, but, possibly, in the intervertebral substance, which has set up an irritation in the spinal nerves, and has rendered them unduly sensitive; that, on account of this condition, play has become distasteful, as requiring muscular movement which produces at least a sense of discomfort; that the slight jarring or concussion of ordinary walking gives rise to pain; and that to remove pressure from the inflamed structures, the child, through the medium of its arms, instinctively transfers the weight of its head and shoulders to its lower extremities.

You then proceed to look for further symptoms of nerve irrita-

tion, and will, probably, by careful investigation, elicit some or all of the following:

Hurried or grunting respiration on slight exercise, due to involvement of the nerves supplying the external respiratory muscles—*serratus magnus*, *quadratus lumborum*, *intercostals*, etc.

Pain in the shoulders, the walls of the thorax, or in the lumbar region, the seat varying with the portion of the spine affected by the disease.

Pain at the pit of the stomach, resembling an ordinary "belly-ache," but due to irritation of the spinal nerves, which, in common with the sympathetic, supply the intestines. This pain, like that of colic, is temporarily relieved by the prone position, pressure on the bowels, controlling, to a certain extent, the irregular and spasmodic action of their muscular coats, which is associated with both these conditions, or, in other words, fulfilling the same function as the roller bandage in fractures.

Fidgety movements of the feet from implication of the crural or sciatic nerves, or their trunks of origin.

Pain in the hip, knee or thigh, due to the same cause.

Pain on jumping, coughing, sneezing or sudden turning, or on any movement which takes place while the dorsal muscles are relaxed, or, so to speak, "off guard."

Pain elicited by pressure upon the head or shoulders, and strictly localized, involving a small area directly over a definite part of the spine. Conversely, it will be found that the pain, if constant, will be relieved by placing the child in a prone position across the knees, and then separating them gently, so as to make traction in opposite directions upon the two extremities of his vertebral column.

Hyperæsthesia, also limited to a definite region, and detected by passing a hot sponge along the vertebral gutters. Evidences of pain are often manifested when the diseased part is reached.

Peculiar, and very characteristic, method of reaching objects lying upon the ground. The patient will lower himself, not as would be natural, by any movement of the body, which will be held rigidly perpendicular, but by flexing the knees and thighs until the hand touches the desired article. In rising, the same care will be observed to avoid flexion or rotation of the spine.

I do not desire to be understood as teaching that all of these symptoms are without exception present in the early stages of Pott's disease, but you may rest assured that in nearly every case you will find several of them, and that you will be able by their means to make your diagnosis and to apply your treatment.

The latter, both in principle and practice, is extremely simple. When you recall the condition upon which the symptoms depend, and remember that its progress is hastened and its severity increased by pressure and by the weight of the head and upper portion of the trunk, it at once becomes evident that surgical interference must be directed towards a removal of these sources of aggravation of the original trouble.

The recumbent posture, strictly adhered to and continued for a period long enough to permit of the gradual subsidence of the in-

flammation, the absorption of its purulent or cheesy products, and the development of new fibrous or bony material to consolidate and strengthen the affected vertebræ, would meet all the therapeutic indications. In young children this may be thoroughly carried out, the enforced rest only terminating with the occurrence of ankylosis, particularly if the disease be situated in the cervical or cervico-dorsal region. In the great majority of cases, however, this is hardly feasible; the natural restlessness of the child, and the absence of careful and continuous attention on the part of the parents, who see no marked external evidence of the disease, usually sufficing to thwart this plan of treatment or to preclude its persistent employment.

The same indications should then be met by the application of a mechanical apparatus, to be worn uninterruptedly, and which will permanently remove all weight from the inflamed bones.

Of all those which have been devised for this purpose, two only are worthy of mention, viz: the Plaster-of-Paris jacket applied in the now well-known manner, or a leather jacket, accurately moulded and fitted over a plaster cast taken from the patient. The latter dressing, although more expensive at first, is lighter and more durable than plaster, and answers the purpose of support equally well. With either of them, where the disease is situated above the lumbar region, the head-suspension apparatus becomes a necessary addition to the jacket. Both of these appliances act by shifting the weight of the head and shoulders from the spine to the irregular surface of the thorax, abdomen, and loins, and to the margin of the pelvis. When ankylosis has occurred, which may be known by a gradual disappearance of the symptoms, the jacket may be dispensed with, removing it at first for a few moments each day, and gradually lengthening the interval, until it is left off altogether.

In conclusion, I would caution you against the common and harmful assumption that in every case some mechanical support can be employed, by means of which the patient can, with safety, be allowed to go about. In certain cases, fortunately not very numerous, where all these dressings give rise to pain, or in which the deformity appears and increases in spite of them, they should be withdrawn, the only possible hope of arrest or cure of the disease depending then upon strict and protracted recumbency. In conjunction with any of these plans of treatment, fresh air, sunlight, nutritious food, cod-liver oil, iodide of iron, and the phosphates constitute useful hygienic and therapeutic adjuvants.—[N. Y. Med. News.

Vaccinal Syphilis.—A letter to *La France Medicale* (July 30, 1881) says that the Algerian journals are full of the most lamentable details regarding the numerous cases of syphilis which have appeared in the garrison of Algiers, following a public vaccination made on certain Algerian soldiers. It is said that fifty-eight young men have contracted syphilis by being vaccinated with lymph given by a syphilitic infant.—[Medical Times.

PRACTICAL OBSERVATIONS IN TYPHOID FEVER.

BY H. V. FERRELL, M. D.,

A paper read before the Tri-States Medical Society, St. Louis, at its meeting
October 25th, 26th and 27th, 1881.

During the last fourteen years, it has been my fortune to be connected in one way or another with about four hundred cases of typhoid fever—for a period of near two years never being without a case under treatment. As this short paper is not the result of as thorough and complete a study of the cases as I propose, at some future time, to give them, I shall confine myself to the more salient points in the few observations I have to make.

It is taught by late writers that typhoid fever is caused by a specific typhoid fever germ—a germ that may retain its viability for an indefinite length of time—that, however bad the hygienic surroundings may be, typhoid fever will not originate *de novo*.

If the first proposition were true, we would expect to see the disease reappearing in houses that had formerly been visited by it, and might expect it to be carried by fomites. Indeed, taking up its abode in houses, and rendering them dangerous for future habitation. Or, again, assuming the correctness of the second proposition, we would not expect to find the disease in localities where it had never been known before, and affecting persons living under the best possible hygienic circumstances—persons who had never so much as seen or heard of a case of typhoid fever. In my experience, I have seen nothing to support this theory of the causation of typhoid. On the contrary, I have most generally seen it under precisely the opposite conditions. I have known typhoid fever to originate in families and in localities where it had never been known to appear before, and to confine itself, like a tornado, to a narrow, well-defined belt of country, and, after starting out upon its march, and after its direction and rate of progress were known, I have seen the time and place of its appearance correctly predicted. I have seen typhoid fever appear in the best regulated families—families living under the very best hygienic circumstances, attack one member and spare the balance; and, again, sparing none. I have seen it originate, as far as we could tell, without cause, and confine itself to those in the family, and others who visited the family on errands of mercy or friendship—none being attacked. Again, I have known intimate and free communication between patients and those living without the typhoid fever range, without any evidence whatever of contagion.

In the diagnosis of typhoid, the chief difficulty is to distinguish it from some form of malarial fever. This cannot always be done early in the disease. Typhoid is sometimes initiated by two or more well defined chills occurring periodically. Generally, however, upon close inquiry we find that the fever did not entirely subside between the chills.

When the disease is fully developed, the diagnosis is not difficult; even the laity readily recognize it. In typhoid we generally

have the abdominal symptoms developed early. The rash, in my experience, is oftener absent than present. Persistent severe pain in the frontal and lumbar regions is a symptom upon which much reliance is placed, and in practice the administration of quinia for two or three days without any beneficial effect very often decides the diagnosis in favor of typhoid. A pointed tongue, red at tip and edges, abdominal tenderness, with tympanitis are usually the earliest symptoms. Epistaxis as a symptom may be discarded entirely. Sweating without a corresponding decrease of temperature may be classed among the earliest symptoms.

Some cases begin abruptly; the patient having been in usually good health up to the very moment of being stricken with a chill. Others begin so insidiously that neither the patient nor his friends have any idea that he is the victim of a serious malady until far advanced in the disease.

I call nothing typhoid fever without satisfactory evidence of intestinal lesions, at the same time admitting that similar intestinal lesions may perhaps be associated with other pathological conditions. A neglected or badly treated case of malarial fever may assume any or all of the symptoms of typhoid, except those pertaining to the intestinal lesions. Such cases it is customary with us to call typho-malarial fever—meaning by that simply a malarial fever with the typhoid symptoms superadded, and not one with intestinal lesions at all, much less lesions differing in imagination only from those of typhoid.

My acquaintance with typhus fever is too limited to justify me in speaking of it. Suffice it to say, however, that I have more than once seen cases of typhoid fever, which, occurring under the conditions under which typhus fever is said to occur, would have been pronounced typhus without any hesitation whatever. Of the complications of typhoid fever, I have seen ten cases of intestinal hemorrhage. In six of these the hemorrhage was preceded early in the disease by copious, mushy discharges from the bowels. Twice, on the appearance of such discharges, was the occurrence of hemorrhage correctly predicted, and in no case do my notes show the occurrence of such discharges without being followed by hemorrhage.

But one case of hemorrhage terminated fatally. A mild form of bronchitis was a frequent complication—pneumonia rare and never fatal. Of perforation of the intestine, two cases—both fatal, of course. In but one fatal case were there ever any serious cerebral symptoms, and that late in the disease; although in many others the delirium was alarming. The liver is said by authority never to escape more or less structural change. I have known the symptoms referable to the liver so prominent as to lead good practitioners to suppose it to be the chief seat of disease. In no case, however, have I known a diseased liver left as a legacy of typhoid fever, as determined by the subsequent history of the case. I have never known hiccough, except in cases of inflammation of the peritoneum and threatening or actual perforation.

The prognosis of typhoid fever, though as a general rule good, should always be guarded. We see cases of the mildest type con-

tinuing for a great length of time, and ending in hemorrhage, perforation, death. Others, of an apparently grave type, pursuing a short course, and ending in recovery. So, then, we may say there are no symptoms by which we can tell the extent of the intestinal lesions, or foretell what the duration or termination of the disease is going to be. In one of my fatal cases the disease had seemingly pursued a very mild course, and the patient was thought to be convalescent. He became startled in his sleep, suddenly jumped, said he felt something tear inside of him, and died of peritonitis within thirty-six hours. I have had two cases to continue as long as thirteen weeks, one apparently mild, the other grave. Both recovered. It is rare, indeed, that a case will terminate under two weeks. I have known two cases terminate fatally within a week after taking to bed, but weeks after they had been laboring under the fever.

One distinguished writer says of the temperature in typhoid, that if, from the fourth to the eleventh day of the disease, the temperature falls below 103 degrees, it is not typhoid fever. I have repeatedly seen the temperature during that period below 103 degrees—three cases, one of them fatal, in which the temperature never reached that point. On the other hand, I have seen one case in which, an hour before death, the thermometer in the axilla marked 109.8 degrees. I have seen but one case recover in which the temperature ever went above 106 degrees. In the three cases in which the temperature never rose to 103 degrees, the pulse was slow and feeble, often falling as low as forty-eight beats per minute. In one fatal case, a young clerk, who, not knowing that he was suffering from a serious malady, kept at his business for two or three weeks, trying to wear the fever off, the axillary temperature always exceeded that in the mouth by from two to three degrees.

I have seen the pulse range from 120 to 144 per minute, and the patient recover.

The London Medical Record, July 15th, 1881, calls attention to cases of typhoid fever occurring in exhausted individuals, and running their course with low temperature or without fever, but with a tendency to gangrene of the extremities. I have seen one such case, in which I amputated the thigh at its middle third—the patient made a good recovery. I have seen but two cases of typhoid during pregnancy. One recovered without aborting, and went to full time. The other is not yet determined.

The treatment of typhoid fever is quite satisfactory. While we do not possess any specific for the disease, yet the low rate of mortality is, I think, largely due to its management. The mortality in my experience barely exceeded two per cent. In the treatment there are three fundamental rules to be kept in view:

1st. Put the patient to bed early, and enjoin the most absolute rest throughout the whole course of the disease. In all cases of doubt in the diagnosis, I advise the patient to take his bed. If it is not typhoid, rest is not apt to hurt him, and if it is, it may be the very means of saving his life. In every one of my fatal cases this rule was not observed. In the two cases of death from per-

foration, one had been about with the fever on him for two weeks, the other three. In the one from hemorrhage, the young man tried for near three weeks to wear his fever out. I have lost no case where the patient took to bed early.

2d. Early and judicious alimentation; by early I mean within the first forty-eight hours. The aliment should be highly nutritious, easily assimilated, in a liquid form and given at regular intervals.

3d. Use drugs only to meet indications, and with a well-defined purpose, and no longer than that purpose is subserved. The German specific treatment I believe to be utterly worthless, if not worse. If the temperature runs high, use quinia and digitalis in large doses, sponge the surface freely and frequently with equal parts of whisky and water, to which may be added a little muriatic acid. To control the bowels and to correct the offensive odor of the discharges, bismuth and carbolic acid, or bismuth and liq. sod. chlorinati. For the vomiting which is sometimes very troublesome, oxalate of cerium, in 10 gr. doses, or calomel in doses of the 1-10 or 1-12 of a grain. For restlessness or sleeplessness, codeia has answered my purpose best. For intestinal hemorrhage, hypodermic injections of ergotine, or what answers just as well, Squibbs' fluid extract of ergot, or great muscular or nervous weakness I have seen the nuxvomica produce excellent results.

Finally, I have no sort of doubt as to the utility of alcoholic stimulants early and judiciously administered.—[St. Louis Clinical Record.]

COCCOBACTERIA IN PURULENT OTORRHŒA.

BY C. LAMBERT, M.D., OF GOSHEN, IND.

A Paper read before the Elkhart Co. Medical Association, at their October Meeting.

MR. PRESIDENT AND GENTLEMEN OF THE SOCIETY:—I would like to call your attention to a subject of vital importance in the treatment of purulent otorrhœa, and point out what, in my estimation, is and has been the cause of so many failures in arresting the breaking down and loss of the delicate organisms of the ears affected with this oppressive and destructive disease.

The chief cause of this putrid decomposition has been generally overlooked. I allude to the microscopic coccobacteria present in the pus, and the therapeutical indications furnished by their presence.

I design, with your permission, at our next meeting in December, to present slips for microscopic exhibition, and continue my remarks on this same subject.

Coccobacteria septica belongs properly to the domain of general bacterio-pathology, and I need not speak of this in particular, but call your attention to the recent investigations by eminent scientists and patient investigators, who have perfectly demonstrated the presence of these microphytes in the fetid ear discharge, and given us the cue for more rational therapeutics in these cases. It,

I hope, will be granted me to quote a few lines from Billroth and Lowenberg, as the very latest we have on this subject.

"Lowenberg has, since June, 1880, carefully subjected to examination the products of secretion of the affected ears of all the patients coming under his care, in order to enable him to study the nature of the respective mycophytes. The examination consisted, on the one hand, in the microscopic study of the pus (with all its accompanying detritus), obtained by syringing or otherwise; on the other hand, in attempts at cultivation, partly in the above mentioned media, and partly in boiled neutralized urine."

The experiments were obtained with all the precautions necessary and indispensable in such cases. The experiments demonstrated that in all these cases we had to deal with the ordinary organisms of decomposition.

"In all cases of otorrhœa where the cleansing is not done with the greatest care, and by the aid of suitable apparatus, the pus contains great numbers of micrococci. If, in consequence of persistent neglect, the secretion is allowed to become offensive, the micro-organisms swarm in incredible quantities."

"In this connection, we can state with decided emphasis that, contrary to the belief in competent circles, the pus secreted in simple purulent otorrhœa, in its fresh state, is as little offensive as that from other diseased mucous membranes, simply on account of the absence of any cause therefor. Fetor, then, according to their present opinion, points to stagnation and a high degree of decomposition dependent thereon, the existence of which is proved by the presence of micrococci.

"The most abundant secretion or multiplication of micrococi is found in those cases that have been treated with emollients, particularly with cataplasms. These coccobacteria find all the elements necessary to their growth and multiplication in the fetid ear discharges. If cataplasms increase the moisture and heat, and contribute additional organic material, we have an actual hot-house culture of bacteria.

"This condition explains the fact, well known to otologists, that, after the prolonged employment of cataplasms, almost interminable purulent processes in the ear often remain behind. Under this unintentional artificial cultivation, the putrefactive organisms reach a high degree of development, and in their turn keep up the prolonged suppuration. By a similar development and furtherance of micrococci, though of a special character, we may interpret the fact that after continued application of poultices, outbreaks of furuncles may be incited in any part of the body."

Recognizing the presence of coccobacteria in nearly all these cases, and being satisfied of their presence, I will offer some observations from recent practice, and suggest a course of treatment that has been very satisfactory in my hands. All of us are aware of the difficulty of treating properly these cases of perforation of the tympanum and chronic purulent catarrh of the middle ear, and I will reiterate by saying that the proper instruments are necessary: speculum, mirror, probes, syringes and absorbent cotton, etc., etc., and antiseptic remedies. The ear should be inspected

every day, and carefully cleansed. I rely upon the syringe and absorbent cotton, and the appearance from day to day of the diseased parts is to dictate all the changes, if any, in the local treatment necessary.

I claim that no physician can treat successfully these cases as out-door cases. They must be surrounded with all care and circumspection; diet nutritious, and put, if necessary, upon alteratives and tonics, and cease entirely being exposed to the causes that originally produced the diseased condition; then we have a fair chance at the case. It may be a few days, or a few weeks, before we can get all the accumulations removed, so that when a remedy in liquid state is put into the meatus it can readily be forced through the middle ear and Eustachian tube. This is a *sine qua non* in the successful management of even the simplest case. The time need not exceed, upon an average, more than from two to four weeks, even in the worst cases presenting. I cleanse the ear with a weak solution of carbolic acid, then generally mop out all the pus and detritus, and then resort to the Eustachian catheter, and find that the battle is fairly won when air can be made to pass through all the channels; then, and only then, are medications indicated. As to the particular ingredients of said washes, they are many; some say this is best, some that, I avoid nitrate of silver and sul. cupri almost entirely, and depend upon mild astringent solutions of sul. zinc, sul. morphia, alum, and a trace of carbolic acid; fill the meatus full of this solution, and force it down through middle ear and Eustachian tube. I find that where the ear-drum is intact, and there is as yet no development behind it, acute otalgia can generally be relieved by very warm water, or warm solution of atropia sul., and that a timely operation for paracentesis of drum, when pus has accumulated, will hasten a cure and save the patient untold pain and suffering.

So the points I would make are—to use mild astringent remedies, combined with antiseptics, such as carbolic acid, boracic acid, etc., etc., thorough inspection of the parts, careful cleansing, and a special local treatment that has for its main object the destruction of these coccobacteria. One reason, in my mind, that bacteria are found in so many of these cases, is the fact that most cases applying are chronic ones, and have been accustomed for days at a time to plugging the meatus in order to get relief from the fetor, and protect their clothing.—[Chicago Medical Examiner.

SPONGE GRAFTING.

Among the new things recently introduced into medicine, "sponge grafting" stands conspicuous. The process consists, nothing more or less, than in introducing into the system a piece of sponge, which is intended to do its work as a stimulus to the reparative process, and then to be absorbed and eliminated. Dr. D. J. Hamilton, pathologist to the Edinburgh Royal Infirmary, claims the honor of having introduced the method, and in the November number of the Edinburgh Medical Journal he reports in detail his

experiments, the practical conclusions to which they led him, and the crucial tests corroborative of such conclusions.

In a paper prepared some years ago, Dr. Hamilton made the statement that the vessels of granulating surface are not newly formed, but are simply the superficial capillaries of the parts which have become displaced; that they have been thrown upwards as granulation loops by the propelling action of the heart, because the restraining influences of the skin have been removed. While making observations with which to substantiate this claim, he was struck with the similarity of the process of vasculature as seen on a granulating surface, and that which occurs when a blood-clot or fibrinous exudation is replaced by vascular cicatricial tissue. Blood-clot or fibrinous lymph he came to regard as merely playing a mechanical and passive part in any situation where it becomes replaced by fibrous cicatrix, and that their vascularization is not owing to new formation of blood-vessels, but rather to a displacement and pushing inwards of the blood-vessels of surrounding tissues. Being convinced that the blood-clot, or fibrinous lymph, before organization takes place, was just so much dead matter in a tissue, it occurred to him that if some dead porous animal tissue could be substituted for the natural exudate it would, in course of time, become vascularized and replaced by cicatricial tissue. An accidental circumstance in the summer of 1880 suggested to him that in sponge we have a substance which he had long vainly sought to discover. It is porous (thus imitating the fibrinous network in a blood-clot or fibrinous lymph), it is an animal tissue, (thus, like cat gut, it is capable of absorption), and it is of such texture as permits of its adaptation to surfaces and adjustment to cavities.

Having arrived at the above conclusions by a process of reasoning, Dr. Hamilton reports five experiments in which these conclusions are strongly sustained. One of these will be sufficient here: A woman had several ulcerated wounds on different parts of her body. One of these, circular in shape, five inches in diameter, and from half to three-quarters of an inch deep, was on the outside of her leg. The edges were indurated, slightly raised, and in some places undermined. There was a cellular tissue slough at the deepest part of the wound, which gave the whole ulcer a somewhat putrefactive odor; the rest of the floor was in a granulating condition. This one was selected for experiment. August 3d, 1880, it was filled with one large piece and several small pieces of very fine sponge, which had been prepared by dissolving out the siliceous and calcareous salts by means of a dilute mineral acid (nitro-hydrochloric), subsequently washing in liquor potassa, and then finally steeping in 1 to 20 solution of carbolic acid in water. The sponge in this instance has soaked for some months in the carbolic solution, but Dr. Hamilton does not regard such prolonged soaking necessary. The sponge in the central part of the wound rose a little higher than the edges, so that at its greatest thickness it must have measured from half to three-quarters of an inch, and five inches wide. It was made to fit the wound very accurately, and was inserted beneath the undermined edges. A

piece of green protective was placed on the surface, and, above this, lint soaked in a 1 to 20 solution of carbolic acid in glycerine, with a little tincture of lavender in it. The whole was covered with a pad of boracic lint. An ordinary bandage was then applied, and the patient kept in bed with limb at absolute rest.

Without reproducing the detailed daily report of this case, it is sufficient to say that the wound was dressed daily, such secretions as had oozed through being washed off, but the sponge left undisturbed. On January 5th, 1881, the patient was exhibited to the Medico-Chirurgical Society, and not a vestige of the sponge remained, and the wound was changed to a superficial, typical, granulating surface, measuring about $1\frac{1}{2}$ inches diameter.

The first experiment convinced Dr. Hamilton that if sponge be placed over a granulating surface its interstices will, in the course of time, become filled with blood-vessels and cicatricial tissue, just as in the case of a blood-clot, and, ultimately, that the whole of the sponge will disappear in the wound, leaving an organizing mass of new tissue in its place. The vacuities in the sponge appear to be specially adapted for allowing of this, and the frame-work of keratode affords support to the young vessels which are formed within it. It further showed that even where the wound continues in a putrescent condition, organization will still go on. In the case of the blood-clot, putrefaction tends to destroy it, in that of the sponge, its texture being more resistant, it does not seem to make much difference. There is no difficulty in keeping the sponge aseptic in a wound, provided it be so at the time of its introduction.

Dr. Hamilton's subsequent experiments were strongly corroborative of the first, and if the procedure shall prove equally successful in the hands of others, a very important device will be found to have been placed in the hands of surgeons.—[Michigan Medical News.

HOW TO AMPUTATE A LEG.

BY THEODORE A. MCGRAW, M. D.,

Professor of Surgery in the Detroit Medical College. Clinical Lecture delivered at St. Mary's Hospital on October 15th, 1881.

GENTLEMEN—Two years ago this young man, previously healthy, acquired constitutional syphilis. I do not know how he had been treated nor why the disease should have assumed so intractable a form. When he entered the hospital a month ago, he was suffering as he now is from caries of the left ankle and both right and left sternoclavicular articulations, from white swelling of the right elbow and from an ulcer in the back. Ninety grains of iodide of potassium have been given him every day for three weeks without avail in arresting the disease, and the ankle has become so intolerably painful and is so thoroughly disorganized that we have decided upon amputation as a means of saving his life. And simple as an amputation may seem to you, there are many things to con-

sider. First of all, as we have the privilege in this case of electing our place of amputation, we have to ask whether the patient can afford an artificial leg, or whether he will have to content himself with a wooden peg. In the latter case we would serve his interests best by making a very short stump which would not project inconveniently far behind him nor be in his way. In the former case, we would make the stump longer so as to give a better support for the artificial leg, and yet not so long as to occupy all the space above the ankle. The mechanism which moves the ankle and other joints of the foot in an artificial leg is usually placed in a hollow part of the apparatus below the stump. It would be a mistake, therefore, to amputate so low down as to occupy all such available space and to force the artificer to use other and less suitable expedients for accomplishing the purpose. In this case, I will choose the middle third of the leg, and make a stump to which either a peg or a leg may be adapted as circumstances may require. In the next place I will endeavor with this anemic patient to save every drop of blood, and for that purpose will use an Esmarch bandage, beginning to wind it, however, above the seat of disease in order that no pus nor putrid material may be forced into the circulation. By means of this bandage the circulation can be perfectly controlled and all the main arteries and veins of the leg be tied without any hemorrhage whatever. This does not, however, always make a perfectly bloodless operation, for you will often find that the removal of the constricting cord will be followed by quite a stream of blood, part of which regurgitates through the open mouths of the united veins and part of which flows from arteries which have escaped notice. This is especially the case with robust plethoric patients and where long standing irritations have produced enlargement of the collateral vessels. Now that the patient is ready, we will apply the bandage and prepare for operating. I will make two skin flaps, each of which consist of the skin of half the circumference of the leg and about three inches long. These being retracted without pulling the patient down upon the table at all, I cut the muscles through with this long narrow knife, passing the blade between the bones and cutting the flesh entirely away.

I wish you to notice particularly how easy it is to amputate a leg quickly and neatly without disturbing the position of the patient on the table. My assistant throws the limb to the side of the table and I apply the saw to the fibula first, and then to the tibia. You see that I dispense entirely with the three tailed retractor. Commonly used it is altogether unnecessary, and takes up unnecessary time. Now that the leg is off, I take up first the anterior and then the posterior arteries, and after that their respective veins. Upon loosening the constricting cord, however, you see a free hemorrhage which requires further ligation of veins and arteries. I will now wash the stump with hot water and bring the flaps together with sutures, having first put a rubber drainage tube through the wound. In dressing the stump we will press the flaps firmly on the cut surfaces and bandage them snugly. Carbolized oakum being first applied as an elastic compress.

Now that the patient is removed, I wish to call your attention again to two points in which my procedure differs from that of the books. 1st. I did not draw the patient off the table. This habit dates from the days before anesthesia, when the skill of the surgeon was reckoned inversely as the time occupied in operating. Nowadays with unconscious patients, it is far easier and altogether neater and less confusing to draw your patient near the side of the table, to have the leg elevated by an assistant, and to proceed quietly with the operation. Why should one hurry when a moment's delay causes neither shock, pain nor loss of blood?

2nd. I dispensed with the altogether unnecessary retractor. I might say in addition a word of warning, and that is, to avoid a method of operating which also dates from an ancient time. Never amputate a leg by making a posterior flap from the calf. Such flaps can be made with the utmost celerity but their weight makes them afterwards unmanageable. They drag away from their anterior attachments and rarely heal by first intention. I have seen multitudes of such stumps, and I have never yet seen one that seemed to me satisfactory when healed.—[Detroit Clinic.]

A SIMPLE WAY OF PERFORMING OPTICO-CILIARY NEUROTOMY—THE PROPOSED SUBSTITUTE FOR ENEUCLEATION.

BY JOS. A. WHITE, M.D.

Surgeon in charge of the Richmond (Va.) Eye, Ear and Throat Infirmary. Read before the Medical Society of Virginia, October 11th, 1881.

The section of the optic and ciliary nerves behind the eye-ball for the prevention of sympathetic ophthalmia after injury, was first proposed by Von Graefe; but the operation was first performed by E. Meyer and A. Weber, in 1866. Since then and more recently—in the last four or five years—it has been frequently done.

The first mode of getting at the nerves was by cutting the external rectus muscle from the sclerotic and passing the scissors through the opening thus formed. A later method was that of cutting the internal rectus. Another plan was, without cutting any of the recti, to make a meridional incision between the internal and superior recti.

I have tried all three of these methods, and all have their objections. The cutting and re-adjusting a muscle is very troublesome. I found the opening between the upper and inner recti difficult to work through on account of the nose being in my way, and also it was objectionable because I nearly always cut an oblique muscle.

I therefore tried an opening between the upper and outer recti, as I would thus escape the oblique muscles, and have found it to work admirably in three cases so far operated on. The operation is performed as follows: A meridional incision is made through the conjunctival and sub-conjunctival tissues from the upper border of the external rectus to the outer border of the superior rec-

tus, thus exposing the sclerotic. A strabismus hook is then inserted under each of these muscles, and with them an assistant pulls the eye down and towards the nose. A small lid elevator is then hooked under the upper lip of the incision and drawn up, thus making a large opening through which the curved scissors can be passed behind the eye-ball, and the optic and ciliary nerves cut. Knapp's double hook is then inserted into the posterior part of the sclerotic and, without any trouble, the cut end of the optic nerve and its surroundings are exposed to view at the incision. The sclerotic is then carefully cleaned with the scissors—thus cutting away sections of the optic ciliary nerves. As long as any blood oozes from the opening, it is kept open. When this ceases, a conjunctival stitch is put in, and cold water dressing applied.

The three cases I have thus operated on had no pain nor protrusion of the eye following the operation, and the cornea has remained perfectly anæsthetic to this time in all of the patients, although more than six months have elapsed.

I have no where seen a suggestion to so perform this operation—the modifications having grown solely out of my difficulties in following prescribed methods. It is easier of performance than any other. The posterior part of the eye is more easily attacked from this point, and we also avoid cutting an oblique muscle; and the use of the hooks and retractor allows a free play of the scissors and a good view of the back of the eye-ball when rotated into the opening.—[Virginia Med. Monthly.

VACCINATION AND VACCINIZATION.

The alarming prevalence of small-pox through certain sections of the country, notwithstanding the very general vaccination which has been practiced during the past few years, will have the effect of stimulating inquiry into the protective influence of the operation as it is ordinarily performed. It is only those who, having declared against the power of vaccinia to protect against variola, and are casting about for arguments to support their position, who will seize upon the existence of the present endemic in the North-western States as a prop with which to sustain themselves. Such argument is, however, that of the special pleader, and ill befits the earnest searcher after truth. The fact that a vaccinated person in a given case is seized with small-pox, is not a legitimate argument against vaccination, in the proper meaning of the term. There are many reasons why the operation may have proven a failure:—The virus may not have been of proper quality, and although it may have caused a local sore, that sore may not have had the characteristics of the vaccinia pustule. This, we believe, is a not uncommon occurrence. The effects of vaccinia may have disappeared from the system; they evidently do pass from the systems of some sooner than from others, as attested by the results of re-vaccination. Perhaps humanized virus, which has passed through many systems, has been employed, and, the views of Jenner to the contrary notwithstanding, it seems to be no longer doubtful that

humanized virus undergoes deterioration in its passage through the system, and is not as safe a protective as that which has been taken directly from the heifer.

But all of the above conditions may be observed, and precautions taken, and still the vaccinated person not be proof against small-pox. A recent German writer has submitted a plausible suggestion as to the cause of the incomplete immunity in such cases. The person, he says, although vaccinated, is not "vaccinized"—the latter term being that by which he designates such a changing of the system with vaccinia as to overcome the susceptibility to variola. A series of carefully conducted experiments has convinced him that a not inconsiderable proportion of those vaccinated are not vaccinized. He now recommends, and in cases where he has authority, compels successive vaccinations until the susceptibility to the virus has completely disappeared, as indicated by absence of the slightest trace of the essential character of the vaccine pustules at the point of application. He has found that, in some, sores more or less characteristic may be produced until the third vaccination, and holds that as long as such a sore is possible, the person is susceptible to small-pox.

These observations are pregnant with suggestions, and perhaps we have in them the removal of the weighty argument against vaccination, which exists in the fact that vaccinated persons not infrequently die of variola, the vaccination not having vaccinized. —[Michigan Med. News.

Prize Essay.—The Committee on Prize Essays for the Kentucky State Medical Society has decided to offer fifty dollars (\$50) for the best essay embodying the results of original experimental research, or original clinical observation on the nature, mode of propagation, pathology, and treatment of scarlatina.

1. Competing essays must be the composition of, and in the handwriting of the authors, who must be members of the Kentucky State Medical Society.

2. They must be marked by a motto or character, accompanied by a sealed envelope, bearing the same motto or character, enclosing the author's name

3. They must be sent to the chairman of the committee before the 15th day of March, 1882.

■ The committee may reject any or all essays presented. In case of award, the successful essay shall be read to the Society on the morning of the second day of the annual meeting, after which the chairman of the committee shall open the sealed envelope, make known the name of the author, and publicly award the prize.

DUDLEY S. REYNOLDS, M. D., Chairman.

HENRY M. SKILLMAN, M. D.,

A. R. MCKEE, M. D.,

✓ DAVID W. YANDELL, M. D.,

CHARLES H. TODD, M. D.

ABSTRACTS AND GLEANINGS.

Susceptibility to Variola.—Dr. Porterfield, in Medical and Surgical Reporter, says: I find among the laity an almost universal opinion, and, indeed, among some physicians, that an attack of any of the zymotic diseases in the pregnant female will exempt the child from future attack. But from my own experience, and others which I have seen, I am led to the conclusion that if such is the rule, the exceptions to it are so numerous that but little dependence can be placed upon it as a prophylactic means. Of the considerable number of cases I have collected I will cite but three.

CASE 1.—Mrs. N., primipara, aged 27, was attacked with angino variety of scarlatina, about the eighth month. About five days after the onset of the fever she was delivered of a pretty large boy, presenting a characteristic rash all over his chest, neck and face; this subsided and disappeared in about two days, the child showing no further symptoms, but died in its third year of the same disease in the malignant form.

CASE 2.—Mrs. R., during her second pregnancy, was attacked with the measles—this was during the fourth month. She went to her full term, the child showing no evidences of the malady, but it subsequently did have a well defined case of the same disease.

CASE 3.—Mrs. P. was vaccinated during her first pregnancy, and so violently did the virus attack her that she was confined to her bed for two weeks; the scars (two in number) are as large as a silver half dollar. The child was recently vaccinated by myself, and it worked very successfully, a well marked scar showing in each place.

Such cases as these, and others that have come to my notice, convince me that little dependence can be placed in the fact that the pregnant female has had a contiguous disease, or that she has been vaccinated while in this condition. I believe that in every person who has a contagious disease there is a special affinity for the poison of that particular disease, and that this affinity is an abnormal condition, a disease, so to speak, the conditions necessary to the existence of which we are at present in ignorance of, and hence we cannot say whether or not it may exist more than once. I believe that an attack of the disease exhausts this affinity and thus renders the subject exempt till the condition re-exists. Believing this, it is easy for me to see why many cases occur where the child fails to be exempt, even where the mother has been attacked while it was a fœtus in utero.

Small-Pox Pustulation in the Fœtus in Utero.—In reply to the question whether true pustulation of variola can occur in the fœtus in utero Dr. R. H. Day, of Baton Rouge, says in Maryland Medical Monthly: In the winter of 1831 and 1833, in the lower end of Calvert county, Maryland, in that portion adjacent to the Patuxent river, just below the mouth of St. Leonard's creek, upon

the plantation of Dr. McGill, of Fredericksburg, Maryland, there occurred a number of cases of small-pox, some mild, others confluent and grave; among the latter was a negro woman, some 30 years of age, near the end of gestation.

She gave birth to her child some ten or twelve days after the eruptive stage of her disease, and perhaps two or three weeks of her full term.

I was with her at her confinement. The fœtus was evidently living up to within a short time of its birth, as the mother had felt its motions distinctly within a few hours of her delivery; and when born there was no appearance whatever to throw discredit upon the mother's statement; but my eyes looked upon a sickening spectacle—a fœtus covered with a full and distinct crop of small-pox pustules from head to foot, some of them already ruptured, and the excavations filled with pus, and many still unruptured, so characteristic as to mark the true nature of the eruption at first sight.

I very carefully examined the fœtus with enthusiastic interest, and desired much to preserve it as a pathological specimen, but in the country I had neither jar nor alcohol in which to keep it.

The Bone-Conduction of Sound.—In the New York Medical Journal and Obstetrical Review for February, 1882, Dr. J. A. Andrews, Assistant Surgeon to the Manhattan Eye and Ear Hospital, gives an account of his investigations in regard to the intermittent perception of sound, as conveyed through the cranial bones—the observations having been mostly clinical, largely with the use of the tuning-fork. In order that an explanation for the phenomenon of intermittent bone conduction may be understood, he thus formulates the points in differential diagnosis between an affection of the middle ear and one of the labyrinth, as evidenced by examination with the tuning-fork: 1. If a vibrating tuning-fork, c, be placed between the teeth, the hearing power being normal on one side and diminished on the other, and its tone be intensified in the ear of which the hearing power is diminished, the cause is seated in the external or middle ear, and the labyrinth is unaffected. 2. If the hearing power be impaired in both ears, and the sound of the tuning-fork be heard better in the worse ear, and intensified on closure of the ear of which the hearing power is most impaired, the cause is still located in the middle ear. 3. If under either of the above-mentioned conditions the vibrations of the tuning-fork be not heard better in that ear of which the hearing power is most impaired, even if its meatus be closed with the finger, and middle-ear disease as a cause can be excluded, there is an affection of the central apparatus of hearing. If the tone of the tuning-fork be still intensified by closure of the ear of which the hearing power is least impaired, there is disease of the external apparatus on one side only. Should the sound of the tuning-fork not be intensified by closure of either ear, then the disease is on both sides, and has its seat in the labyrinth or in the brain. In the first and second propositions the increased resonance results from the reflection of the vibration from the cranial bones

upon the nerve. In the third proposition the reflection or condensation of the vibrations of the tuning-fork upon the nerve when the meatus is closed does not intensify their perception, because the function of the auditory nerve itself and not that of the conducting apparatus is impaired. The peculiarity that in some cases of middle-ear disease the watch is not heard by bone-conduction, and in other cases examination with the tuning-fork gives the signs of labyrinth disease—i. e., the tuning-fork being heard by bone-conduction better in the ear which is normal as to hearing power, therefore diminished instead of increased in the ear of which the hearing capacity is impaired—cannot, it seems to him, be explained by assuming an interference with the conduction through the chain of ossicles. He inclines to the belief, based upon experiments, that this phenomenon is due to increased intralabyrinthine pressure, brought about in those cases of middle-ear disease in which there is an accumulation of fluid in the tympanum, or the membrana tympani is much depressed, in the former instance by the fluid in the cavity acting upon the oval or round window, or both, and in the latter instance by the plate of stapes being forced against the membrane in the oval window. In both cases the terminations of the acoustic nerve suffer a mechanical irritation which gives rise on the one hand to subjective noises in the ear, and on the other hand annuls the perception of certain tones. Extreme pressure upon these parts may so interfere with intra-labyrinthine vibrations as to completely obliterate bone-conduction from the tuning-fork.—[N. Y. Med. Journal and Ob. Review.

Cold Applications in Typhoid Fever.—Dr. Flint, in a lecture at Bellevue, thus summarizes the results of a number of cases :

From the study of these cases it may be conceded :

1. That by the application of cold water externally in cases of typhoid fever, the temperature of the body may, after a variable time of the continuance of the employment, be reduced to 102° or lower.

2. After a period varying very much in different cases, and, also, at different times in the same case, the temperature, as a rule, again rises as high as, or higher than, before the reduction.

3. Repeating the employment of cold as often as the axillary temperature exceeds 103° , the number of repetitions required in different cases is extremely variable.

4. The sponge bath and the wet sheet with sprinkling may be employed to the exclusion of the bath-tub in the antipyretic treatment in cases of typhoid fever as well as of other febrile diseases.

5. These modes of employing cold water may be continued sufficiently long for the reduction of temperature to 102° or lower, and repeated as often as may be required, without risk of any immediate injury, and the study of these cases furnishes no ground for supposing that a liability to complications or accidents is thereby increased.

6. Reduction of temperature by these modes as often as it rises,

in the axilla, above 103° , improves the condition of the patient. The cases now studied do not afford proof, either that the fatality of typhoid fever, or that its duration is thereby diminished. The study of these cases, however, renders it possible that this proof would be afforded by a larger collection of cases.

During the period that the cases now studied were treated, seven hospital cases were recorded in which antipyretic treatment was not employed. In most of these cases the temperature did not rise above 103° , and it was for this reason that the treatment was not employed. Of these seven cases three were fatal, but I need not say that it would be unfair to draw any deduction from the contrast as regards the proportionate number of fatal cases. It is well known that, in general, resistance, toleration, and recuperation are not as well exemplified within as outside of hospitals. Moreover, in cases of typhoid fever, patients are not admitted into hospitals until some days after the commencement of the disease. The clinical test of therapeutical measures, as far as fatality is concerned, is therefore best afforded by the study of cases in private practice.

7. The results of the analysis of these cases, although not sustaining the statements of Liebermeister and others respecting the controlling influence of the employment of cold externally in cases of typhoid fever, yet not only show this method of antipyretic treatment to be safe, but afford encouragement to employ it with the expectation of diminishing the severity of the disease and its danger to life.

Cough and Phthisis.—Prof. Bartholomew (Med. News and Abstract) says: I come now to another symptom—cough—which usually taxes severely the resources of the physician. As cough prevents sleep, destroys rest, and is exhausting, the patients are clamorous for relief. Much coughing is a peculiarly severe form of exercise, and demands suppression or amelioration for this reason. The expedients are almost past computation—a sure indication both of failure and intractability. The reflex irritation proceeding from the fauces may be allayed by a gargle of bromide of potassium, by brushing over the mucous membrane a one per cent. solution of carbolic acid, or by atomizing a solution of morphia. The combination of diluted hydro-bromic acid, and spirit of chloroform proposed by Dr. Fothergill, does very well sometimes, but in general is disappointing. In fact, there are no efficient substitutes for opium, and we must turn to this when the cough is severe and persistent. The most generally useful of the preparations and derivatives of opium is codeia. The grounds of its utility in cough are these: it has a selective action on the pneumogastric nerve, allaying irritability of its end organs; it is calmative and hypnotic, and as compared to morphia is less excitant and less nauseant. Codeia is adapted to those cases in which the cough is largely nervous. It may be combined with strychnia when there is vomiting, and with atropia or picro-toxine when the sweats are profuse. The following are examples: R. Codeiæ sulph., gr. x.; ext. hyoscyami, ℥j. M. ft. pil. no. xx. Sig. One pil.

every four hours. R. Codeiæ sulph., gr. xvj., strychniæ sulph., gr. j; atropiæ sulph. gr. $\frac{1}{4}$; acid sulph. dil. \mathfrak{z} ij; aquæ \mathfrak{z} vj. M. Sig. Ten to fifteen drops three times a day. Morphia may be substituted for codeiæ in any of these prescriptions, by reducing the quantity one-half. Carbolic acid exercises no little influence over cough, expectoration, and fever, and is most serviceable in allaying the reflex vomiting. It is best given in solution, as follows: R. Acid. carbolic; gr. viij, aquæ laurocerasi, aquæ, aa \mathfrak{z} i. M. Sig. A teaspoonful every four hours. Carbolic acid is especially indicated in the fetid expectoration of bronchiectasis. In the cough of fibroid lung, and of the stage of deposit before softening in caseous pneumonia, I have had excellent results from the administration of iodide of ammonium in the wine of tar. R. Ammonii iodid. \mathfrak{z} ij; vini, picis liquid, syrps, tolu aa \mathfrak{z} ij. M. Sig. A teaspoonful.

Night Sweats.—This is both an interesting and an important subject. It is interesting because of the striking results obtained by some new contributions to our therapeutical resources, and important because of the baleful influence of the sweats over the progress of the disease. If the sweats are profuse, there is an actual loss of material, of salts and organic matter, which represents waste of tissue. It is highly important to check this waste and preserve the material for the nutrition of the body. Until the recent observations of Dr. Murrell proving the great value of picrotoxine, atropia had the first place as a remedy for the night sweats of phthisis. I have usually given atropia with strychnia and morphia for the triple object of arresting the sweating, allaying cough, and stopping the reflex vomiting. It is not a little remarkable that the temperature is generally reduced by the combined use of these remedies. I have preferred to give the atropia with regularity three times a day, because of an influence over the progress of the disease, which seems to be independent of its anhydrotic power, and which can be explained only on the supposition that it has the power to improve the nutrition of the lungs. Its introduction into use as a remedy for phthisis has put a new phase on the prognosis of cases of caseous pneumonia, not advanced to the stage of softening. Some practitioners prefer to give atropia in a single full dose ($\frac{1}{60}$ th of a grain) at bed hour, but the results are better, if given in a small quantity ($\frac{1}{200}$ th of a grain) the effect being distributed through the day. The susceptibility to the action of atropia varies greatly, and as immense discomfort may be produced by a medicinal dose, care is necessary to avoid unpleasant results. Recognizing the importance of the influence which atropia appears to have on the trophic system of the lungs, I have had patients take it for years at a time, and without any ill effects.

The success of picrotoxine as an anhydrotic has been quite decided. Dr. Murrell finds that so small a quantity as the $\frac{1}{200}$ th of a grain, at bed hour, may arrest the sweating for a number of days. Although possessed of properties somewhat like those of strychnia, it is by no means so powerful, and may be given by the

stomach up to 1.30th of a grain. Dover's powder, and, oddly enough, pilocarpine occasionally, acts very decidedly as an arrester of perspiration—a capital illustration of certain kinds of physiological antagonism. Take it all in all, atropia should be preferred in most cases, because of its apparent influence over the nutrition of the lungs. Whilst atropia is given, three times a day, picrotoxine may be exhibited at bedtime, if the effects of the former is inadequate.

Does Vaccination Protect?—It is becoming somewhat tiresome to have to reiterate the truths about vaccination. And it will sometimes occur to us that the best way, after all, would be to leave the question alone, and let the people find out the facts for themselves. Why should the doctor worry himself? If the people do not and will not believe in vaccination, why not drop our quills, and, having vaccinated ourselves and families, let the disease work away in its old-fashioned seventeenth century style. In 1821, half of the city of Boston lay sick with the small-pox. Would not the return of such a visitation be better than any pamphlets or statistics?

We present here a very few of the facts and figures upon which this universal agreement is based. It should be remembered, however, that aside from statistical proof, nearly every physician, at some time during his life, gets personal evidence of the efficacy of Jenner's discovery.

Previous to the introduction of vaccination, the annual mortality from small-pox throughout Europe was about three thousand to every million inhabitants. During the forty years subsequent, the mortality from the same cause was reduced in Sweden to 158 per million; in Westphalia to 114; in Bohemia, Moravia, and Austrian Silesia, to about 200; in Copenhagen to 286; in Berlin to 176; in England to 200.

In 1853, the Epidemiological Society received two thousand letters from medical men, affirming their belief, from personal experience, in the protective power of vaccination. Dr. Simon obtained similar answers from five hundred and forty-two to whom letters were addressed.

One observer, Marshall, has shown that among 757 persons exposed to small-pox, 231 had been vaccinated, and of these latter only 24 took the disease. All the remainder, except seven, were infected. In 1871, an anti-vaccination excitement was fomented in England, and Parliament undertook to investigate the question. A large committee was appointed, and testimony taken from every quarter. The result was an overwhelming refutation of the points claimed by the anti-vaccinationists.

In the Franco-Prussian war, an epidemic of small-pox arose among the unvaccinated inhabitants of Brittany. It spread among the French soldiers, and destroyed 23,000 of them. The Prussian army, which was frequently and extensively exposed, and was larger than the French, lost only about 250 persons by the disease. The Prussian army was thoroughly vaccinated, the French was not. In the whole Prussian army for twenty years, though often

exposed, only four fatal cases of small-pox occurred among the revaccinated.

There are a few things which have to be borne in mind when arguing for vaccination:

1. Vaccination is protective only when the virus is good, and has entered and affected the system.

2. There is a very small number of persons who will take small-pox if exposed, whether they have been vaccinated or not. If vaccinated, however, most of these will have the disease less severely.

3. Vaccination protects in most cases only for a certain period of years, and revaccination is necessary.

4. Vaccine lymph may possibly deteriorate after passing through the human system many times. This deterioration of humanized lymph has probably taken place in England, and perhaps elsewhere in Europe.

5. Small-pox varies in malignancy with the epidemic. There is no evidence, however, to prove that small-pox is any less malignant now, on the whole, than it was eighty years ago.

The above facts have to be considered in passing judgment upon the so-called statistics of anti-vaccinationists.—[Medical Record.

J. J. Connor, M. D., of Palmer, Ill., reports a case in the Medical and Surgical Reporter, where a woman, being taken with an epileptic fit, fell into a shallow creek and was drowned.

The woman was about eight months and twenty days gone in pregnancy. As near as could be determined, the woman fell into the creek before eleven o'clock, A. M., and when seen by the doctor a few minutes after twelve M., was cold and dead; the foetal heart-beat could at this time, be plainly heard and the movements of the child distinctly felt, and at 1:30 P. M., when the doctor left, the heart-beat and movements were as appreciable as when he first saw her, and the woman who laid the deceased out, "said they felt the foetal movements up to near 2 P. M."

This case is very interesting as it is generally believed, by the profession, that the foetus must die very shortly after the mother's heart ceases to beat, yet from this case it appears that there are instances where it may live for a considerable length of time. The doctor's excuse for not delivering the child at once, on discovering that it was alive, that the principal men of the village and an irregular practitioner of medicine said "that it would never do in the world, and that the child would not live anyway"—is a very lame one.—[N. W. Lancet.

The Immediate Arrest of Bleeding from the Nose.—John Kent Spender, M. D., in British Medical Journal, says: An improved instrument is described in Mr. W. Spencer Watson's book on Diseases of the Nose and its Accessory Cavities. It "consists of a gum elastic tube about five inches long, with lateral perforations near the end, and covered with thin caoutchouc membrane in the form of a spirally twisted bag for the last three or four in-

ches of its length. To use it the membranous bag is smoothly folded over the continued tube, and the whole being oiled (diluted glycerine is better) is passed along the floor of the nares till it reaches the pharynx. The bag is now inflated, . . . and if a stop-cock is fitted the air is kept in by turning it as soon as sufficient tension is obtained." The cavity of the twisted bag could be injected with water if it were desired, but I have never found this necessary. When I recollect what "bleeding from the nose" was in old days, I cannot be too thankful to Dr. Rose for his simple and effective invention. To be called to an obstinate accident of this kind, especially when other medical men had failed, was enough to make one sick at heart from the possibility of adding another failure to the dreary history; and then there was the consciousness that delay might mean impaired health or even death to the victim. The victory is half won when a man is armed with an apparatus which he knows is sure to succeed; and I am now speaking of cases in which he wishes to succeed, and which are not forms of natural blood-letting to be encouraged. The object of this brief communication is to recommend Dr. Rose's instrument for (1) facility of introduction; (2) the extent and evenness of the inflated area; and (3) the possibility of its remaining in situ for thirty-six or forty-eight hours, when it may be gently removed, and the hemorrhagic nostril can be syringed with some cold astringent fluid for purposes of cleanliness and the washing away of the blood debris.—[Chicago Medical Journal.

Expressing the Placenta.—The method at present in vogue of expressing the placenta is associated indissolubly with the name of Crede, for though the value of friction, of kneading, and compression was appreciated, as their writings show, by Mauriceau, Robert Wallace Johnson, Joseph Clarke, Busch, Mayer, and others, it remained for Crede to elevate placental expression to the rank of a recognized procedure of obstetric practice.

Crede's method consists essentially in applying at first light and afterward stronger friction to the fundus of the uterus till an energetic contraction is obtained; at its height the uterus is grasped so that the fundus rests in the palm of the hand with the fingers to the front. The exercise of circular compression forces the placenta from the uterus, or in case of failure the process may be repeated until the object is accomplished. It is true that the expulsion of the placenta will, as a rule, occur spontaneously. The unaided uterus is, however, liable to relax and become the source of hemorrhage; or where the delivery does not take place speedily, it may on the other hand close down so as to imprison the placenta within its cavity. The great merit of Crede's method is that by maintaining retraction it prevents hemorrhage, and by promoting speedy expulsion it guards against the dangers of retention. When systematically practiced the bugbear known as adherent placenta is the rarest of accidents.

The practice is not difficult and is devoid of danger. To be successful, however, expression should be practiced only during a contraction, and the propulsive force should be directed from the

fundus downward in the axis of the uterus. Spiegelburg lays great stress on exercising compression of the uterus from the moment the head emerges from the vulva, and not waiting until the delivery of the child is ended. By so doing general contractions are maintained and the detachment of the placenta promoted.—Lusk's new work on Midwifery.—[Medical Weekly.

Cutaneous Eruptions Caused by the Use of Certain Medicines.—(Giron. *It. del' Malatt. Vener e del' Pelle*, June, 1881).—Auspitz, in his valuable "System der Hautkrankheiten," gives the following as the secondary result of an angioneurasis:

QUININE.—(a) Scarlatinous erythema; (b) morbillious papular erythema; (c) hemorrhagia and purpura; (d) wheals, œdema, pruritus.

CINCHONA, BELLADONNA, STRYCHNINE, AND STRAMONIUM.—Manifestations like papulæ sudorales.

DIIGTALIS.—Erythema after a few days' use.

ACONITE.—Vesicular exanthema.

SANTONINE.—Vesicles, wheals.

RHUS VENENATA AND TOXICODENDRON.—Vesicular eruption.

OPIUM AND MORPHINE.—Erythema, papular eruption with much desquamation and pruritus.

PILOCARPINE AND ATROPIA(?)—Augmentation of the perspiration.

PHOSPHORUS.—Purpura.

PHOSPHORIC ACID.—Bullous eruption.

MERCURY (internally).—Erythema, eczema.

ARSENIC.—Erythema and papules, eczema.

CARBOLIC ACID.—Erythema, vesicles or wheals.

SALICYLIC ACID.—Purpura, vesicles with laryngeal catarrh; wheals.

CHLORAL HYDRATE.—Erythema (well-colored), pruritus, desquamation; purpura and petechiæ; eczema with crust and scab.

BALSAM COPAIBA, CUBEBS, TURPENTINE.—Vesicles, erythema, eczema.

COD-LIVER OIL.—Acne.

IODIDE OF POTASH.—Papules; vesicles and bullæ; pustules and ecthyma; eczema; echymosis and purpura.

BROMIDE OF POTASSIUM.—Papules and pustules; deep tubercles and ecchymosis; vesicles; ulcers.—[Virginia Med. Monthly.

Hypodermic Injection of Water in the Treatment of Pain.

—In the *Gacete Medical* of Venezuela, Dr. Ponte relates his experiences in several instances in which he employed water hypodermically for the relief of pain. The first case was that of a boy who was suffering from an intercostal neuralgia, so severe as to almost endanger the life of the patient by interference with respiration. Not having any morphine with him, the author determined to work upon the imagination of the sufferer by injecting pure cold water over the location of the pain, a procedure which, much to his astonishment, was followed by permanent relief. Impressed with this fact, Dr. Ponte resolved upon further

experiments. The next case was one of toothache. In order to eliminate the imaginative element, he informed the patient of the treatment to be employed, for the execution of which permission was rather reluctantly given. An injection practiced upon the side of the face nearest to the pain, was followed by considerable ardor, but in less than a minute the odontalgia had subsided. Animated with these results, he employed cold water injections in a variety of different pains, always with happy issue, even in cases where morphine had been the drug previously administered. Another patient had been suffering nine years from intense gastro-intestinal neuralgia, which baffled all remedies. The pain came on after meals, and its violence was such as to cause her frequently to faint. When first seen by the writer, she was utterly prostrated. Two injections relieved the pain, and subsequent tonic treatment restored her to health. Several hundred cases have been treated in the manner described, with good results. No explanation is given as to the action of the remedy.—[New York Medical Record.

The Specific Germ of Gonorrhœal Pus.—After many unsuccessful attempts, a specific microbe has been discovered in the pus of gonorrhœa. The *Annales de Dermatologie* has a synopsis of a recent work by M. Weiss. The pus examined came both from men and women, and was taken with all the necessary precautions. In every case microscopic examination showed in pus corpuscles and epithelial cells little bodies, in some cases isolated and in others united in groups, and arrayed in a peculiar manner.

These bodies, of which the author gives a minute description, have always a characteristic appearance. M. Weiss examined the pus from thirty-two patients, and each time he found the parasitic forms. As a control experiment he examined the pus from cases of non-specific urethritis, balanoprophatites, bubo, leucorrhœa, etc., and never could discover the elements which he looks upon as characteristic of gonorrhœa. There still remain to be made culture experiments, which have not yet been begun.

M. Weiss calls especial attention to the action of hypermanganate of potassium on the parasite. In all cases of vaginal gonorrhœa treated in the service of M. Spillman, of Nancy, by means of injection of this salt, the parasites diminished rapidly in number, their enveloping zone disappeared and changes in appearance took place which showed either their destruction or at least great alteration as a result of the application of the salt. The strength used was 0.25 centigrammes to 1000.—[*Jour. de Med. et de Chir. pratiques*, November, 1881.—Exchange.

Hypodermic Injection of Quinine.—For injection the following solution was made: Thirty grains of sulphate of quinine, fifteen grains of tartaric acid, and half an ounce of water. Twenty minims of this were injected every two hours in a case of intermittent fever. The patient had been a resident for some years in the West Indies, and when there several times had ague. He stated that he knew when it was going to recur since he returned

to this country, and that he had been ordered to take quinine. This, however, always occasioned vomiting, and he was obliged to desist and endure the fever, which lasted forty-eight hours. The injection which was given caused no pain, and it was followed by no abscesses. It seemed to have the effect of warding off the attack, according to the man's statement. On several occasions this method of administering quinine has been tried. I can testify as to the pain being nil, and to the absence of any inflammation. Dissolved in any other acid quinine is a painful and troublesome agent, and its use cannot be recommended. In cases of typhoid fever I would not hesitate to use it hypodermically, and should imagine that good results would ensue, both in reducing the temperature and in preventing any derangement of the digestive organs, apt to be induced by large doses administered by the mouth.—[Therapeutic Gazette.

On the Indications for the Use of Morphia in Puerperal Eclampsia.—Dr. McFarlane, of Toronto, who has found morphia, administered hypodermically, to be a most efficient remedy in the treatment of puerperal convulsions, gives, in the *Canadian Journal of Medical Sciences*, for December, 1881, his reasons for regarding it as especially indicated in this disease. He first points out what he regards as the true cause of the convulsions, viz., anæmia of the brain, with increased irritability and general exhaustion of the entire nervous system, resulting from the disturbance of the circulation produced by the increased labor required of the heart in carrying on the fœtal circulation. In morphia we have a drug which produces an increased flow of blood to the nerve centres, and by its soporific effect allows the brain to rest while increased power is gained to carry on the nervous functions of the body. The control which morphine exercises over the disease, both in the preliminary stage as well as when the convulsions actually set in, is so prompt and decisive, he says, as to convince the most skeptical after having given it a fair trial. To give any preparation of opium in this disease by the stomach, he regards as of little if any use, as the sickly condition of the organ is such that the medicine is not absorbed in time to be of any benefit to the patient, and moreover, the remedy should be given early and in sufficient quantity (not less than from one-half to a grain) to control the convulsions at once.—[The Medical and Surgical Reporter.

Manipulation of the Scapula in Dislocation of the Shoulder.—The patient being completely stripped as far as the upper part of the body is concerned, is either made to lie on a couch or a bed, or he can be, from my last experience, easily manipulated in a sitting posture. Take for example dislocation of the left shoulder. The left wrist is grasped with the left hand, and the arm gently abducted; the fingers of the right hand are then firmly pushed between the head of the humerus and the wall of thorax, when with a sweep of the arm across the body the head of the bone is easily lifted and slides into the glenoid.—[E. T. T., in *British Medical Journal*.

Calomel and Chlorate of Potash.—A correspondent of the Medical and Surgical Reporter relates the following to prove the incompatibility of the two compounds:

C. W., aged four years, suffering from an attack of pharyngitis (acute). I ordered a purgative dose of calomel, and at the same time a prescription containing tinctura ferri chloridi and potass. chlorat., the latter not to be given till the purgative effects of the former had been obtained; but contrary to my directions, in about an hour after giving the calomel they gave a dose of the iron and potash.

A short time afterwards I was summoned, and found my little patient suffering from all the symptoms of poisoning by corrosive sublimate, but with no salivation, nor did any appear subsequently. I administered the usual remedies for such poisoning, and the recovery was rapid.

[The addition of the tincture of iron entirely changes the aspect of the question. The tincture is always decidedly acid, sometimes quite strongly so. The presence of a powerful mineral acid like muriatic acid will cause chemical decompositions which would not occur otherwise.]—[Druggists' Circular.

Rattlesnake Poison.—Dr. L. Filho has published the following results of his experiments on the poison of the rattlesnake in the *Archivos do Museu Nacional do Rio de Janeiro*: 1. The poison of *Crotalus horridus* acts upon the blood by destroying the red blood-corpuscles, and by changing the physical and chemical quality of the plasma; 2. The poison contains some mobile bodies similar to the micrococcus of putrefaction; 3. The blood of an animal killed by a snake's bite when inoculated to another animal of the same size and species causes death of the latter within a few hours, under the same symptoms and the same changes of the blood; 4. The poison can be dried and preserved for a long time without losing its specific quality; 5. Alcohol is the best antidote to the poison of *Crotalus horridus* known at present.—[Louisville Medical News.

Dr. R. Fowler, of Ednaville, Texas, writes in *Southern Clinic* as follows: A case of a little two-and-a-half year old child was to-day presented for treatment. The case is unique; it consists of a small worm under the skin, crawling around the body; and as proof of the truth of it, in October last Dr. Emanuel took one out of the same child. The father says it was of a white color, with a flat, black head, and about two-and-a-half inches long. It comes near the surface at times, and then recedes away. You can readily see the track beneath the skin by the ecchymosed appearance. It was on the shoulder yesterday morning. I could easily destroy it by hypodermic injection, but I wish to get it out entire, and send to some entomologist for identification. Do you know of any such case on record? And what entomologist or microscopist must I send it to? The child is perfectly healthy every way; is fat, and it gives him no pain or trouble. But how came this worm there? How did it get in the cellular tissues?

SCIENTIFIC ITEMS.

The Musquito as a Carrier of Disease.—A correspondent inquires whether there is "anything in the newspaper statement that mosquitoes are the agents for introducing dangerous parasites into the human blood." We are pained to be obliged to say that there is good ground for this addition to the disreputable "record" of the insect. The discovery was made a year or more ago—we cannot give the exact date—and has since been fully confirmed by further investigation. Dr. Meisoner of Leipsic, in a German medical magazine, has lately summed up what is known of the parasitic infection of the blood, and the following is an abstract from what he says of the *filaria sanguinis hominis*:—This parasite has been very thoroughly studied by Manson, of Amoy, China, and Bancroft of Brisbane, Australia. The filaria, while it may at times be present in the blood without giving rise to any symptoms, at other times appears beyond question to be the cause of ehyluria, elephantiasis, etc. The mode of its action would seem purely mechanical. The parasite in the blood or lymph channels and its accumulation at a given point gives rise to lymphorrhagia or inflammation. Two curious facts have recently come to light regarding the parasite. One is that the mosquito acts as a carrier; sucking the filaria with the blood of an affected person, it afterwards deposits the ova or embryos, which have meantime hatched, in the water when it lays its own eggs. These embryos are then swallowed in the drinking-water by another victim; and so the circle of disease is completed. Another and a very curious fact regarding the filaria was lately discovered; this is that it is a nocturnal parasite. During the day the filariæ lie dormant at some point in the victim's circulation, but at night they sally forth and rove the currents of the blood the night long.—[Boston Journal of Chemistry.

Telephone Sound of Voices.—It is noticed that the telephone gives a particular accent to the peculiarities of voice. A growling voice is surlier, a sharp voice more sharp; like the photograph, it makes matters worse. There is nothing like the sun picture for bringing out the hidden peculiarities of a face. They may be hidden in real life, in trained expressions, or favor of complexion, but the photograph is sure to seize them, almost to caricature. So the telephone, too, has a trick of making the voice "a little more so" than it is, in whatever direction its defects lie. This playfulness of the telephone might stand in its way sometimes, if it should come generally into use for critical purposes; but does not appear to have been in Briggsville, Mass., where a croupy child was brought to cough into a telephone so that the doctor, some miles away, at North Adams, could hear and prescribe for it. It probably made the case out at least as bad as it could for the little sufferer, who was speedily relieved by the return prescription over the wire.—[Ex.

Ancient Division of Time.—The German Heusler has suggested on the same point that the ancients did not divide time as we do. Previous to the age of Abraham the year, among some people of the East, was only three months, or a season; so that they had a year of spring, one of summer, one of fall, and one of winter. The year was extended so as to consist of eight months after Abraham, and of twelve months after Joseph. Voltaire rejected the longevity assigned to the patriarch of the Bible, but accepted without question the stories of the great age attained by some men in India, where, he says, "It is not rare to see old men of one hundred and twenty years." The eminent French physiologist, Flourens, fixing the complete development of man at twenty years, teaches that he should live five times as long as it takes him to become an adult. According to this author the moment of a complete development may be recognized by the fact of the junction of the bones with their apophyses. The junction takes place in horses at five years, and the horse does not live beyond twenty-five years; with the ox, at four years, and it does not live over twenty years; with the cat at eighteen months, and that animal rarely lives over ten years. With man, it is effected at twenty years, and he only exceptionally lives beyond one hundred years. The same physiologist admits, however, that human life may be exceptionally prolonged under certain conditions of comfort, sobriety, freedom from care, regularity of habits, and observance of the rules of hygiene; and he terminates his interesting study of the last point ("De la Longevite humaine") with the aphorism, "Man kills himself rather than dies."

The Dentaphone.—In answer to question No. 275 regarding the "Dentaphone" will say: I have used one for about 18 months. Am quite deaf and have false teeth; yet with the dentaphone I hear quite well; in fact can do business nearly as well as ever. It does not work on all alike, however. In some the nerves from the teeth or gums are paralyzed, so that no sound is conveyed. If the nerves are perfect, any one will be greatly benefitted after one or two weeks practice. To tell whether the nerves are alive, take a small stick a foot long; place one end on the sounding board of a piano, the other against the teeth. If it sounds louder on striking the piano keys, you can learn to use the dentaphone.—W. W. L., Kansas City, Mo.—[Drug Cir.

The Pennsylvania Railroad has in use an automatic track tester which discovers faults in the track not ordinarily appreciable to the eye, and makes a record of them which indicates their precise locality, and all this while the machine is passing over the road at from fifteen to twenty-five miles an hour. It has the external appearance of a baggage car, but inside is fitted up with self-registering apparatus, electric clock, etc. A bad joint between the rails registers itself by the jolt it causes to the delicately hung car. Errors of level in the track are recorded by pencils on ruled paper, and so nicely arranged that the variations of an eighth of an inch are made manifest.—[Mechanical News.

PRACTICAL NOTES AND FORMULÆ.

Preston's Salts greatly vary in composition. The following is given in Wood and Bache:

1. Oil of cloves..... $\frac{1}{2}$ drachm.
 Oil of lavender..... 1 drachm.
 Oil of bergamot..... $2\frac{1}{2}$ drachms.
 Strong solution of ammonia..... 10 ounces.

Fill the smelling bottles with coarsely bruised carbonate of ammonia, and add to the salt as much of the aromatic solution as it will absorb. The subjoined gives also very good smelling salts. It is in several respects superior to the above, and is not so generally known as it deserves to be:

2. Oil of lemon..... 1 drachm.
 Oil of lavender..... $\frac{1}{2}$ drachm.
 Oil of cloves..... 5 drops.
 Stronger ammonia..... 15 ounces.

Fill the smelling bottles with crystallized sulphate of potassa, and pour into each bottle as much of the aromatic ammonia as the salt can retain without spilling. This makes a much prettier looking smelling salt than carbonate of ammonia, and as it does not cake together like it, the bottle need not be emptied when the ammonia has evaporated. All that is necessary is to fill it up again with the aromatic ammonia. The mixture is also more pungent, and its flavor appears to be more generally acceptable to the majority of customers.—[Drug. Circular.

Anise-seed Soothing Cordial.—

- | | |
|-----------------------------------|------------------|
| Oil of anise-seed..... | 3 drachms. |
| Oil of coriander..... | 5 drops. |
| Deodorized tincture of opium..... | 17 fluid ounces. |
| Alcohol..... | 19 pints. |
| Syrup..... | 20 pints. |
| Water..... | 40 pints. |
| Cudbear..... | 2 to 3 drachms. |

Mix together, and after macerating forty-eight hours, filter through paper. Each fluid ounce will contain very nearly half a grain of opium, equivalent to about one-fourth the strength of paregoric. The cudbear is only added, as a precaution, to impart a distinctive color, and may be omitted.—[Druggists' Cir.

Cathartic Enema.—

- | | | |
|---------------------|---|---------------------------|
| R Senna pulv..... | } | aa $\bar{3}$ j; 30.00 gm. |
| Magnesii sulph..... | | |
| Aquæ bullentis..... | | Oij; 946.38 fl. gm. |

M. Steep for twenty minutes and strain; then inject the whole gently with the hips raised.—[New Eng. Med. Monthly.

Formulae Used in the New York Hospital—For external use**ECZEMA DRYING SALVE.**

R Plumbi glycerat..... ʒ j
 Ungt. zinci oxid..... ʒ j

KELLY'S TONIC.

R Tr. nucis vomicæ..... f. ʒ ij
 Acid. nitromuriat. dil..... f. ʒ ij
 Tr. cinch. co f. ʒ jss
 Tr. gent. co..... ad f. ʒ ij

Dose, two drachms in water, three times a day.

HAMILTON'S TONIC.

R Strychniæ sulph..... gr. viij
 Cinchonidiæ sulph..... ʒ j
 Tr. ferri chlor..... ʒ vj
 Syr. zingiberis,
 Acid. phosphoric. dil..... aa ʒ xvj

Dose, one teaspoonful three times a day.

DR. DRAPER.**No. 1.**

R Acidi citrici,
 Ferri et quiniæ cit..... aa ʒ iv
 Aquæ,
 Syr. limonis..... aa f. ʒ ij

M.

No. 2.

R Potass. bicarb. ʒ iv
 Aquæ..... ad ʒ iv

M One fluid drachm of each in two drachms of water, to be mixed at the time of taking.

ANTI-RHEUMATIC MIXTURE.**(Mistura Antiarthritica.)**

R Potassii iodidi..... ʒ v
 Vini colchici sem..... ʒ j
 Tr. cimicifugæ rac. ʒ ij
 Tr. stramon..... ʒ ss
 Tr. opii camp..... ʒ jss

M. Dose, ʒ i. three times a day.

OINTMENT OF IODOFORM.

R Iodoform..... ʒ j
 Vaselinæ ʒ j

Reduce the iodoform to powder and add to the vaseline; heat by water bath till dissolved.

COMPOUND IODOFORM OINTMENT.

- R Pulv. iodoform;
 Acidi tannici..... aa $\frac{3}{j}$
 Vaselineæ $\frac{3}{j}$

OINTMENT OF TAR AND OXIDE OF ZINC.

- R Ungt. picis... $\frac{3}{iv}$
 Zinci oxidi $\frac{3}{j}$
 Cerat simp. $\frac{3}{jss}$

Aphrodisiacs.—

According to Dr. Bartholomew, the following are distinctly aphrodisiac combinations in functional generative debility.

- R. Ergot. extract. aquos..... $\frac{3}{j}$.
 Sanguinaria pulv..... gr. ij.
 M. For twenty pills. One three times a day.
 Or,
 R. Tinct. sanguinar..... $\frac{3}{ij}$.
 Stillingia ext., fluid..... $\frac{3}{v}$.

M. Fifteen to twenty drops in water, thrice daily.—[Druggists' Circular.

Dewee's Carminative.—The following is the generally accepted formula for an old and popular preparation:

- Carbonate of magnesia.....12 drachms.
 Sugar..... 3 ounces.
 Tincture of assafoetida..... 3 fluid ounces.
 Tincture opium..... 1 fluid ounce.
 Water 24 fluid ounces.

Triturate together until they are mixed.

Zimmerman's Decoction.—This is an old preparation, which is directed to be made as follows:

- Rhubarb..... 1 drachm.
 Cream of tartar..... 1 ounce.
 Barley..... 1 ounce.
 Water..... 2 pints.

Boil for fifteen minutes, strain, and add enough simple syrup or sugar to sweeten the decoction.

For Diphtheria.—Dr. Guttman's prescription:

- R Pilocarpin muriate..... gr. $1\frac{1}{2}$,
 Pepsin..... $\frac{3}{ss}$,
 Acid muriatic..... gtts. x,
 Aqua $\frac{3}{vii}$.

M. Teaspoonful every hour.



EDITORIALS AND MISCELLANEOUS.

THE splendid house of Wm. R. Warner & Co., has a new advertisement in this issue. Don't fail to read it.

NON-HUMANIZED VACCINE VIRUS.—See advertisement of H. M. Merrell & Co., Cincinnati, O., in relation to genuine vaccine virus.

PARKE, DAVIS & Co.—See the new advertisement of this large and excellent house in this issue of the Journal. No end to the push and energy of this establishment.

REED & CARNRICK's advertisement of Maltine should be carefully examined. The house is a reliable one, long established and all of their preparations of superior quality.

SEE advertisement of Nestle's Milk Food. This article comes highly recommended and will be found well adapted to infants and invalids as an easily digested article of food.

THE advertisement of Fellows' Hypophosphites should be carefully examined. It is an excellent preparation, possessing stimulant, tonic and nutritive properties of a high order—especially adapted to consumptives and low nervous states of the system.

WE invite attention to the advertisement in this issue of the Anglo-Swiss Milk Food for infants and invalids. This preparation has attained to high reputation and practitioners who so often need such articles in practice would do well to give it a trial.

SMALL-POX.

The unusual prevalence of small-pox in the United States during the last two or three months, especially in the Northern and Northwestern sections of the Union, has been made sufficiently known through the newspaper press of the country. The disease which at first was alarmingly threatening seems now to be somewhat under control, and if the work of vaccination goes on as it should, we may expect that the disease will soon disappear altogether. We have been questioned in relation to the choice between the bovine and the *humanized* virus, etc.

The *bovine* from healthy young heifers is now generally preferred. Yet many regard the humanized virus, one or two removes from the cow, through healthy young subject, as preferable, and less apt to give rise to erysipelatous or excessive inflammation.

The *bovine* virus as cultivated in the cow and obtained from the vaccine farms—several of which exist in the Northern sections of

the Union—is not procured, as many suppose, from inoculating the cow with the virus of small-pox, but is propagated by the insertion of cow-pox lymph from cow to cow.

Nor is it now believed that the original cow-pox, as first described by Jenner, is the result of small-pox or variola in the cow, but is a variety of the same species as variola.

If it is small-pox in the cow, it is certainly modified in some mysterious way by the unknown method of its communication to the animal, as efforts to produce it by inoculation have not been successful. While a few experimenters have claimed that such was the case, the large proportion of those who have tried it have found that the virus obtained by inoculating the cow with small-pox lymph is not the same as that obtained from the natural vaccina or cow-pox, but is unsafe and liable to produce small-pox instead of vaccina.

Upon the whole, then, we regard the natural cow-pox lymph, or the humanized virus not too far removed, as the best.

TRANSACTIONS MEDICAL ASSOCIATION OF GEORGIA.

Thirty-second annual session, at Thomasville, Ga., April, 1881. Edited by A. Sibley Campbell, M. D., Secretary Augusta, Ga.

We are indebted to Dr. Campbell, the secretary, for a copy of the above, a book of 314 large octavo pages, gotten up in large plain type, neatly arranged illustrated and well executed in every department, evincing great skill, taste, energy and ability on the part of Dr. Campbell.

In addition to the business proceedings of the society, it contains the by-laws and constitution; a roll of its living and deceased members, President LeHardy's excellent address and a number of able and interesting papers. We regret the want of space to make special mention as to the merits of the several articles. The following are the names of the contributors to the volume, to-wit:

J. C. LEHARDY, M. D., President

R. J. Nunn, M. D.; Thomas R. Wright, M. D.; Thomas H. Kenan, M. D.; J. G. Hopkins, M. D.; W. H. Philpot, M. D.; A. Sibley Campbell, M. D.; Charles W. Hickman, M. D.; S. B. Hawkins, M. D.; DeSaussure Ford, M. D.; S. H. Stout, M. D.; W. F. Westmoreland, M. D.; K. P. Moore, M. D.; T. S. Hopkins, M. D.; Henry F. Campbell, M. D.; T. O. Powell, M. D.; J. M. Toner, M. D.; L. B. Alexander, M. D.; H. H. Carleton, M. D.; P. H. Wright, M.D.; A. A. Smith, M.D.; A. G. Whitehead, M.D.

The following are the officers of the Association:

Wm. F. Holt, M. D., of Macon, President.

Eugene Foster, of Augusta,

T. M. McIntosh, of Thomasville, } Vice-Presidents.

A. Sibley Campbell, Augusta, Secretary.

K. P. Moore, Forsyth, Treasurer.

J. R. Duggan, Macon, Orator.

Board of Censors—C. A. Hall, Macon; G. W. Holmes, Rome; W. B. Wells, Red Clay; E. L. Connally, Atlanta; R. J. Nunn, Savannah.

ARKANSAS STATE MEDICAL SOCIETY.

A medical friend has kindly mailed us the Minutes of the State Medical Society of Arkansas, held at Little Rock, on April 7th, 1881.

The officers elected for the year are:

Dr. R. G. Jennings, President; Dr. G. B. Malone, First Vice-President; Dr. D. C. Ewing, Second Vice-President; Dr. H. H. Turner, Third Vice-President; Dr. W. H. Heard, Fourth Vice-President; Dr. L. P. Gibson, Secretary; Dr. Ed. Meck, Assistant Secretary; Dr. A. L. Breysacher, Treasurer; Dr. Jno. Watson, Librarian.

Dr. W. M. Lawrence, the President, in his annual address, thus alludes to the late law in regard to the practice of medicine in Arkansas:—

"It is wonderfully catholic. It accepts all creeds, dogmas and articles of faith. No one is excluded on account of "race, color or previous condition of servitude." Any man or woman, over twenty-one years of age, of good moral character, who has been engaged in a so-called reputable practice for a period of five years, with the county clerk's certificate, is a doctor *de jure*, if not *de facto*, and has a right, whether qualified or not, to practice when and where, or how he or she may please. Emulation in the profession of medicine is as laudable as in any other pursuit of life; but the act suggests nothing beneficial to the old; nothing to encourage a praiseworthy ambition in the young; it gives no merit marks; on the contrary, pulls all down to the same obnoxious, common level, requiring only a probationary period of five years, without looking even to an ordinary common education. A reputable practice and the reputability of the professional services is to be determined, not by professional men, but by the several county clerks who may be, and most probably are, wholly ignorant of the knowledge and management of cases involving life, health and happiness."

The next meeting of the Society will be on Wednesday next preceding the meeting of the American Medical Association, May, 1882.

BOOK NOTICES.

CACTUS, OR THORNS AND BLOSSOMS.—We have read a copy of this beautiful volume of poems, by Mrs. Elizabeth O. Dannelly. The gifted authoress is a native Georgian, though for many years a resident of Baltimore, and from girlhood has been a valued contributor to various magazines and other periodicals of choice literature. This volume consists of religious, temperance, memorial and miscellaneous poems written in a singularly chaste, sprightly and graceful style, and some of the poems are remarkably beautiful, while others are vivid with the fire of eloquence. The poems are not only beautiful but moral in tone and sentiment, tending to cultivate the heart, and to elevate the thoughts and feelings of the reader.

The authoress is the widow of a Confederate Surgeon, and this,

aside from her personal and literary worth, should commend her to the kindly notice of our professional brethren, and we hope the members of the profession will recommend the work to their friends and acquaintances, especially to the ladies. Publishing & Engraving Co., New York. Price, \$1.50. P.

PLAIN FACTS FOR OLD AND YOUNG. By J. H. Kellogg, M. D., Member of the American Public Health Association; American Society for the Advancement of Science; American Society of Microscopy; member of Michigan State Board of Health; Medical Superintendent of the Battle-Creek Sanitarium; Author of numerous works on Health, etc. Published by Segner & Condit, Burlington, Iowa.

The above work treats of the interesting subjects of the "Sexual Relations; Marital Excesses; Prevention of Conception; Infanticide and Abortion; the Social Evil; Solitary Vice; Chapter for Boys; a Chapter for Girls", etc. It is a large work, containing over 500 pages, and though adapted to the popular reader, will be read with interest by the physician. It is moral in tone, and written in a style calculated to do good, very superior to the trashy books which have been published upon these subjects by a class of Quacks who play upon public credulity for the sake of gain only.

ARTIFICIAL ANÆSTHESIA AND ANÆSTHETICS. By Henry M. Lyman, A. M., M. D., Professor of Physiology and diseases of the Nervous System in Rush Medical College, Chicago; and Professor of Theory and Practice of Medicine in the Woman's Medical College, Chicago, Ill. New York: Wm. Wood & Co. Octavo, 338 pp.

The work enters fully into the subject of anæsthesia in all its phases, giving sphygmographic illustrations of the several anæsthetic agents as shown in experiments upon the lower animals. It is a work of much interest and of great practical importance.

A TREATISE ON DIPHTHERIA. By A. Jacobi, M. D., Clinical Professor of Diseases of Children, in the College of Physicians and Surgeons, New York; Physician to Bellevue, Mount Sinai and the German Hospitals, etc. New York: Wm. Wood & Co., 27 Great Jones St., 1880.

An octavo of 250 pages. A very thorough work on the subject of diphtheria, and should be read by every physician.

A TREATISE ON FOOD AND DIETETICS, PHYSIOLOGICALLY AND THERAPEUTICALLY CONSIDERED. By F. W. Pavy, M. D., F. R. S., Fellow of the Royal College of Physicians; Physician to and Lecturer on Physiology at Guy's Hospital. Second edition. New York: Wm. Wood & Co. 1881. P. 402, oc. McGarity & Laird, Agents, Atlanta.

The rapid exhaustion of the first edition and the call for a second, indicates the value of this work. We regard it a very able and valuable book, and one which will be appreciated by the intelligent and progressive practitioner.

RECEIPIED.

1881—Drs. R A Clopton, J C Wallis, W D Hunt, Jno A Allen, P J Parker, W A Dobs, to July 1st., B F Chambliss, I T Young, M S Posey.

1882—Drs. J R Green, J C Moody, R Ruff, Jno Gerdine, J R Johnson, J B Wright, J A Agnew, F M Rushing, G M D Patterson, T Quillian, A J Kolb, D B Searcy, J B Vandergriff, Jno Hardeman, F Courtney, A C Crymes, W J McAlpin, J Wilcox, A H Sellers, A T Park, J F Pou, J B Lee, W T Kendall, J E Martin, A B McWhorter, S B Ragan.

SPECIAL NOTICES.

THE art of sugar-coating pills so as not to impair their solubility, but to preserve the composition, keeping it soft and plastic, has acquired for **Messrs. Warner & Co.**, a world-wide reputation. Physicians may rely upon the purity of the drugs used, and upon the mathematical nicety in which their pills, "granules," and "parvules" are divided. Every doctor may be his own druggist, and at the same time save himself the drudgery of it by using **WARNER'S** preparations. A bottle of Quinine Pills recently sent us by this firm satisfies us that this form is fully maintaining its reputation.—*North Carolina Medical Journal*, July, 1879.

PARKE, DAVIS & CO.—This house stands among the very best in our country as Druggists and Manufacturing Chemists. Enterprising, active and energetic, their large and extensive business continues to increase, both at home and abroad. Their preparations of every kind are put up with great care and exquisite taste, and in respect to business character and reputation this house holds a very high and enviable position.

Listerine.—Dr. J. W. Singleton, the ex-president of S. W. Kentucky Medical Association, thus speaks of this valuable antiseptic in a late number of the *Louisville Medical News*: "I have used **LISTERINE** in several diseases in which carbolic acid and other antiseptics are commonly prescribed, and I must say, with great satisfaction. As an antiseptic alternative, internally administered, I consider it a very valuable therapeutic agent. In chronic ulceration of the nasal passages (catarrhal or otherwise), the listerized solution, by injection, spray, or brush, is a most excellent remedy."

"In the suppurative stage of Burns and Scalds, I have had the most pleasant and happy effects to follow its use. I think **LISTERINE** well worthy of adoption by the profession generally as the remedy in all cases in which carbolized injections are usually ordered, for, in my humble opinion, it really has all the virtues of carbolic acid, with none of its poisonous evils and dangers."

Nervousness Resulting from Intemperance.—We have found **CELERINA** exceedingly valuable in the treatment of nervous headache, nervous exhaustion, nervousness resulting from intemperance. Men, and sometimes women, come to us trembling and apparently exhausted, all from the effects of intemperance. Such cases are approaching delirium tremens. **CELERINA** is the most appropriate prescription we can give them. A few doses of bromide of potassium may be given, alternated with the **CELERINA**, at first; but after this, for permanent effects, we depend upon the **CELERINA**.—*American Medical Journal*.

DR. J. S. WELLFORD, of Richmond, Virginia, Professor of Diseases of Women and children in the Medical College of Virginia: "I have paid a great deal of attention to urinary troubles, and have frequently and freely prescribed the **LITHIA WATER** in their treatment with the very best results. In all the forms of the Uric Acid Diathesis, whether as well-formed Gravel or Gout, or in the milder forms of Gouty Dyspepsia or Nettle-rash in their various varieties, I know of no Mineral Water which I consider at all equal to that of Spring No. 2.

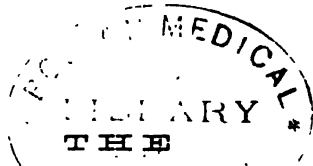
"In many Skin diseases of old age, dependent on the Uric Acid Diathesis, such as Eczema, etc., this water acts most beneficially."

BEDFORD ALUM AND IRON SPRINGS.—The advertisement of these Springs may be seen in another part of this Journal, and should be carefully read. The Editors have tested its virtues. It is an excellent remedy in hemoptis, or as an anti hemorrhagic in any case, especially of a passive character. As an injection in gleet, gonorrhoea, leucorrhoea, etc., it is highly useful. As a gargle in ulcerated sore throat it is very efficacious. In chronic diarrhoea it is often useful, and given in small doses, in the night sweats of phthisis it has been found an excellent remedy.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the **ELLIOTT**. Doctors that do the same thing get the standard article. Send for circular to A. A. DELLER, 709 Washington Avenue, St. Louis, Mo.

JOHNSTON'S FLUID BEEF is an article that can be safely recommended as a concentrated natural agent. We have tried it in low states of the system and found it an admirable article. In the diarrhoeas of infants, wherein the child is taken from the breast, and is dying of inanition, a little of this fluid beef has been known to support the child and save life. Try it.

HYDROLEINE.—The advertisement of this valuable preparation may be found in this Journal. As a substitute for Cod-Liver Oil in lung affections it is likely to have a fine run. The formula is published upon the labels, and will at once impress any practitioner in its favor, as well adapted to consumption and other wasting diseases.



Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

~~ALL~~ All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XII. ATLANTA, GA., MARCH 20, 1882. No. 3.

ORIGINAL AND SELECTED ARTICLES.

VIBURNUM PRUNIFOLIUM UNRELIABLE IN ABORTION—A REJOINDER.

BY A. G. SMYTHE, M. D., OF MISSISSIPPI.

GENTLEMEN—I ask space for some remarks in reply to Dr. Thomas F. Houston's article in your last issue. The Doctor's very confident expressions as to the virtues of viburnum prunifolium, though doubtless honestly made on his part, do not convince me of any error in my views, or set aside the facts and experiments upon which they were based. And as to doctors disagreeing, that is a thing of daily occurrence in all the departments of science.

Medicine is not an exact science, and cannot be demonstrated by a mathematical elucidation, and until a better method of arriving at correct conclusions than any now known to the medical men, there will be continual differences of opinion and conclusions, in all of its departments.

In my article in the December number of the RECORD, there was no wish or intention to invite a discussion upon the merits of the remedy in question. (There is nothing to discuss.) The desire was simply to warn the confiding members of the profession to avoid the rocks, shoals and quicksands upon which I have so often been wrecked. *Badinage aside.* The virtues of the remedy

were sounded through the literature of the day, and so far as I am informed, without question or contradiction, and from my unfortunate experience, I could not permit it to pass any longer without giving the professional public my observations. It was in no prurient desire to appear in public; but after repeated postponings that it was done. The first suggestion was to ask its appearance in the columns of the *Therapeutic Gazette*. But upon reflection concluded that as that journal was principally devoted to the advocacy of new remedies and new preparations, that it might not appear to be compatible with its objects and interests. It was then suggested to offer it to one of my favorites, THE SOUTHERN MEDICAL RECORD. I am happy to note the spirit of generous fairness manifested by the *Therapeutic Gazette* in copying the article in the February number.

I regret exceedingly that it was my misfortune to meet with such a signal disappointment in the trial of the remedy, if remedy it is. In the first place, to fail to treat that or any other case successfully. In the second place, to fail to find a new and reliable remedy. In the third place, to be forced to differ with my personal and professional friends and brethren; all of which is very unpleasant and unprofitable, to say the least.

I am charged with not having given it a FAIR TRIAL. Ten pages of notes of cases could be given. When making trials and testing remedies, I do not come to hasty and inconsiderate conclusions. Various forms and doses were given to different patients, at different times. In the outset of trials of the remedy, I had several subjects who were habitual abortionists, and flattered myself that I would now have no more cause to mourn over failure and disappointments. In a general way I am not sanguine of success; but for once I was carried away with the hope that now I had the remedy of remedies in this, to me, troublesome derangement. Trial after trial (FAIR TRIALS) upon the same and upon different patients were made. And I reiterate it, that in no case when it was relied upon, did it succeed. Some of the cases became dissatisfied and discharged me, others continued. I abandoned its use, as before said, in disappointment, mortification and disgrace. The latter of which I have not recovered from yet. I have adopted a different treatment with different remedies with as good success as could be hoped for in any treatment now known. Having overcome the disposition to miscarry in all the cases who continued under my treatment, all having had more or less children, and have no chronic or habitual cases of abortion or miscarriage at present.

I may be mistaken, but yet think that much, if not all the credit attributed to this much vaunted and highly extolled remedy, is due to the adjuvants and other means used in the treatment of threatened abortions. All of us are, more or less, anxious to give relief as soon as possible; and are, more than likely, in urgent cases, to give more than one remedy, unless the one given relieves the trouble immediately, and more especially is it the case if the remedy is new or uncertain in its action. I am free to admit that such is the habit with myself, unless it is when making a direct experiment, as was the case in the trials I made with *viburnum prunifolium*. In no case do I recommend the use of any remedy—either new or old—in any new or special way, without giving it numerous, fair and independent trials. True, I may report its use in a single or in a few cases. May and have suggested remedies which I never used, or even ever heard of being used. But in no case urge and recommend the use of an article for the reason that in one or a few cases it appears to do well. There are a number of articles in our *Materia Medica* that I think are good remedies, which will not do to rely upon implicitly.

In a few cases of chronic diarrhœa I have had the most happy effects from the use of the fluid extract of guarana, yet in other cases it has failed. An untold number of similar instances might be cited.

In replying to the article of Dr. Houston, there was no argument or reason to give for the dogmatic assertion that *viburnum prunifolium* had failed as a remedy in threatened abortion—a mere relation of what had, and what had not taken place. I have now given the only reason for making it public; and trust that the profession, and especially the readers of this Journal, will pardon the first article, and accept this in explanation, and as an apology for occupying the space in the RECORD, and their time in reading the same.

MOVEMENT AS A MEANS OF CURE.

A natural outcome of the teachings of the expectant school of therapeutics, is the placing of rest in a high position among the means of cure. Granted that nature is able, unassisted by art, to restore the equilibrium between her parts which has been disturbed by the foreign element, disease, and it follows that all means designed to secure non-interference with the free play of nature's forces, are all essential. To deny that rest has no value in therapeutics would be practically equivalent to a denial of nature's power to heal, and the skeptics on this question have long since succumbed to nature's power to destroy. Nature is powerful but not

omnipotent in the domain of therapeutics, and rest is a valuable but not an invaluable means of universal applicability. The dangers of hobbyism and extremism (empiricism) in the matter of application of rest have too many living illustrations, particularly in surgical practice, while very many more of its results are embowelled in mother earth. There is danger in all extremes, and the doctrine of rest, heralded though it has been by so many prophets and bards, has been no exception to this rule. Its danger has lain in its irrational application—the improper selection of cases, and its too prolonged continuance in cases in which it was at first indicated.

The antithesis of rest is movement, and as an offset to the pernicious results of rest the inculcation of the benefits of movement as a therapeutic agent would seem to be called for. The scientific lines between the necessity for the two are, it may be, difficult to trace, but the highest degree of success lies near those lines, and efforts to locate them should be unceasing. When has the inflamed joint or fractured limb been kept immobile just long enough, the inflamed peritoneum just long enough rested, the inflamed lung just long enough kept in an "opium splint?" These are questions on whose proper answer in individual cases successful therapeutics largely hinges. In all cases which originally demanded rest there comes a time when rest must give way to motion. When is that time? is a question for the medical attendant to answer. Under enforced rest of the inflamed joint the effused synovial fluid has become absorbed and the symptoms of inflammation have disappeared; here is then the critical point. Shall the joint be longer kept at rest, as is the common practice, lest the possible dying embers be fanned into new life, or shall passive movement be practiced? Each individual case presents circumstances which must modify the decision as to such procedure, and it is in trimming sail to meet these circumstances that the skill of the medical attendant is displaced. That ankylosis on the one hand from too prolonged rest, and a renewal of inflammation from an insufficient continuation of such rest, are the Scilla and Charybdis in the treatment of joint affections, is attested by abundance of experience. The too cautious physician, by attempting to steer clear of one, allows the bark to be caught in the other, and it is to be feared that ankylosis as a result of too much rest is a too frequent result of treatment.

The necessity for movement, in the treatment of a diseased joint, having been determined on, the method of its performance becomes the practical question. In an article in the *British Medical Journal*, over a year ago, Dr. John Spender ably discussed this branch of the subject. He refers to a discussion of the subject, some years ago, by the late Mr. Hutton. Summed up in a few words, Mr. Hutton's principle was the rupture of adhesions by manipulative force, guided by skillful leverage. We learned from him that joints will bear much rougher usage than is sanctioned by professional usage.

In dealing with a joint which has not been materially damaged by inflammation, is not much enlarged, but is now weak mainly

because the muscles are weak which ought to move it, a thorough and scientific shampooing (or massage) is our therapeutic watchword. The physiology of the joint has to be studied more than its anatomy. The joint is afraid of itself because it is not used; its volitional energies are "hidden under a bushel;" and the owner of it has, perhaps, been scared by the terror of what may happen if he presumed to walk even with the help of crutches. It is satisfactory to know that Dr. Sayre, who is the designer of such an ingenious plan for supporting and resting a diseased spine, distinctly says that, in the case of ankylosed limbs, there is "a time for motion as well as a time for rest."

First, then, we satisfy ourselves that the joint-ends of two bones are not mortared together, and do not require any forcible methods for their separation. A patient may be put partially under the influence of chloroform if necessary, and the capability of a joint to be bent or extended will then be fairly tested, and we shall discover what checks there are to healthy movement. The passive play of a joint tells us that its mechanism is sound; but the question is: What are its vital activities? What can the patient do with it, and how far can he use it?

The simple plan of treatment which Dr. Spender has for years adopted is as follows: Imagine the knee to be the affected joint, and the foot should rest on a stool or block of wood just within a large shallow open bath, so that the knee is over nearly the centre of the bath. A jug, holding about a pint of fluid, is filled with tepid water, and is turned upside down about three feet above the knee, so that the water falls with a splash on the joint; and this is repeated from six to twelve times. An attendant, sitting in front of the patient, then plants a hand on each side of the knee; and, with the thumbs meeting in front, the hands should be moved firmly up and down for eight or ten minutes. The pressure used should be equal and well sustained, not causing any uneasiness, not in the least rough, but such an union of firmness and gentleness as a practical manipulator will easily understand. The thumbs, while agents of modern pressure themselves, may be made the fulcra for pressing and rubbing the back of the joint. At the end of the shampooing process, the whole joint ought to be dry and warm, and to be immediately wrapped in a covering of oiled silk lined with wadding, which should be securely fastened and held on for some hours.

By this easy plan, carried out regularly once or twice a day for several weeks, there is seldom any difficulty in restoring the torpid functions of non-ankylosed joints. Now and then it may be desirable to suspend the friction for two or three days, if the skin shows signs of irritation; and in warm weather the impervious pad is scarcely necessary, and might cause an eruption of pustular acne. Medicated lotions or liniments are rarely prescribed; but now and then Dr. Spender introduces under the oiled skin wrap a piece of folded flannel soaked in a mixture of iodine (half an ounce), and soft water (seven ounces). The early douchings are best done with tepid water; but this should be exchanged for cold water as soon as possible, on account of the great glow and reac-

tion which are afterwards obtained; and during the summer months, cold water may be used from the first. In all cases, the local treatment should be supplemented by regular passive movements carefully and coaxingly executed, and never exciting pain and fatigue. Sometimes it is only timidity which hinders a patient from (say) pronating and supinating a hand, or flexing and extending an elbow; a group of muscles have to be taught anew. As the lower limbs bear the weight of the body, their voluntary exercise must be deferred until the patient regains confidence and acquires strength.

The next stage of treatment consists in the application of uniform and gentle support. A weak joint requires support when it no longer requires rest. This seems to be the key of the new and important device of the American surgeons—prolonged pressure without prolonged rest. The principle is not at all new. And yet it ought to have been clear that to lay up a limb in idleness admits of the healing of an ulcer by a degree of vital action, which is unable to maintain the permanence of that healing when the limb is restored to use. Similarly, when we have to treat a weak joint, the principle ought to flash upon us with unerring instinct; here is a case, we should say, for applying firm pressure and allowing moderate exercise. For the ankle, there is nothing better than an India-rubber bandage, put on from the base of the toes to the upper part of the leg. The bandage is far better than a so-called elastic anklet, because it supports all the muscles which move the ankle, it should make a gentle uniform pressure, without any sensation of squeezing, each fold slightly overlapping the previous one all the way up the limb. The knee should be enclosed during the daytime in an elastic support, which should always be laced. The lacing allows the degree of support to be varied, according to the feelings of the patient and the amount of exercise he has to undergo. Equipped with this simple apparatus, the lower limb enjoys, as far as the upper part of the knee, a gentle and uniform pressure, which permits useful locomotion within restraining and salutary conditions.

The application of this principle to the upper limb is not difficult. A hand and wrist, when embraced by an elastic glove extending a little way up the arm, is competent to perform various feats of dextrous workmanship, which would otherwise soon cause aching and powerlessness. But what need is there for illustrating further such an obvious point of practice? If to be at work is the part which a healthy organ has to play, it is clear that too much rest cannot contribute to the perfection of that work, either in quantity or quality. That special condition which is called the "hysterical joint" is peculiarly amenable to the vigorous and helpful treatment of douching and pressure. For the douching, the use of the bath waters is much to be commended, as the dynamic stimulus of their heat maintains an after glow, which is a sign of more vital energy. And hysteria, if it mean anything, means a lack of this energy—a crippled volition, a sluggish blood stream, and a general under tone of life. The combination of firm pressure and moderate exercise fulfils, in this case,

exactly what we ought to aim at: support to the mechanical apparatus of locomotion, and arousing and sustaining of vital function.

Rest and movement are, therefore, complementary to each other, both in physiology and in therapeutics. The analogy is as close as possible. Alternation of work and rest is the law of the human organism in health, and health could not be preserved without it. Disease may call for a prolongation of the element of rest; but it is a note of clinical insight to discover when the disease ends, or when sufficient health returns to justify the usual alternate rest and work. Continued work without rest could not be; rest continued too long is not only conceivable, but it is one of the present dangers to therapeutic surgery.—*Therapeutic Gazette*.

TREATMENT OF COMPOUND FRACTURES AND WOUNDS OF JOINTS BY GLYCERINE AND CARBOLIC ACID.

BY F. C. G. GRIFFIN, A. M., M. B. OXON., M. R. C. S., ENG.,
Surgeon to the Weymouth Royal Hospital.

As various modes of antiseptic treatment continue to be brought forward, and the most opposite opinions are still held as to their merits, I have thought an account of a few cases that I have treated with the glycerinum acidi carbolici of the British Pharmacopœia, without antiseptic spray or any very elaborate precautions, would be of general interest. And although the number of cases is not large, still the fact that they have all got well has produced a strong impression on my mind of the value of the mode of treatment.

A pipe manufacturer, of intemperate habits, who had failed in business and taken to fishing, was engaged in hauling in a net, with others, after dark, when he got his leg caught by a loop of rope and was thrown down, and found himself unable to rise. The fishermen carried him home, but handled him rather roughly, as they thought he was not seriously hurt. When I saw him I found he had sustained a compound fracture of the tibia, at the junction of the lower and middle thirds, and had lost a large quantity of blood from a small wound caused by the upper fragment of the tibia having been driven through the skin. I bound it up temporarily, to arrest the bleeding. After about twelve hours, when the bleeding had at length quite stopped, the temporary dressing was removed, and a pad of lint soaked in collodion applied. This pad remained on for two days, when it became partly detached, and free oozing of bloody fluid commenced from the wound. I now applied a pad of four thicknesses of lint saturated with glycerinum acidi carbolici to the wound, and a few turns of bandage over it, so as to keep it in its proper position. The lint became firmly adherent to the wound, and the next day I applied a larger pad of four thicknesses of lint soaked in the same way over the original pad, so as to keep it still saturated.

On the third day afterward I cut the edges of the two outer

layers of the pad next to the wound, and removed and soaked them with glycerinum acidi carbolici, and then re-applied them, and then the bandage as before. I will here state that I regard it as of much importance to the success of this plan of treatment not to disturb the layers of lint immediately covering and generally attached to the wound. After this treatment had been continued about ten days, a large blister containing dark fluid formed under the pads and showed at their edges. I now cautiously tried whether the under pad was still adherent, and finding it was not, I removed it and found that the wound had healed. I left the blister exposed to the air, and it dried up in a few days. The remaining progress of the case in no way differed from that of one of simple fracture, and the man ultimately completely recovered.

I was informed by this man's wife that previous to the accident he lived almost entirely on beer, and took scarcely any solid food except a little bread, and that if she provided him with a good dinner he used to sell or exchange it for more beer. While he was under my treatment I limited him to a pint of stout daily.

The next patient treated in this way was a boy of about ten years of age, with compound fracture of the tibia, the upper fragment of the bone having been driven through the skin. The glycerinum acidi carbolici was applied on four thicknesses of lint about two hours after the accident, and covered with cotton-wool, and fresh glycerine and acid was applied to the lint daily, without disturbing the layers next to the wound. After about ten days the lint was removed, and the wound found to have healed. A speedy recovery followed. The fracture apparatus used was of the same kind as in the following case.

The next patient was a tradesman who had jumped out of a cart while his horse was running away. He, in consequence, received a simple fracture of the fibula, and a compound dislocation of the foot outward, the lower extremity of the tibia being driven through the skin, the sock, and the elastic of his boot against the ground, and the internal malleolus broken off. When he had been conveyed home the bone was still protruding, and the wound could not be got at until his boot and sock had been cut away. The bone, being covered with dirt from the road, was now carefully cleansed, and with the aid of two other surgeons, who had been sent for at the same time as myself, and arrived soon after, an attempt to reduce the dislocation was made. We did not, however, succeed in effecting the reduction until a slice of bone had been sawn off the projecting end of the tibia. After the reduction the limb was placed on an iron back splint, with two wooden slide splints duly padded and suspended from a cradle, the apparatus being of the kind used at St. Bartholomew's Hospital, in the wards of Sir James Paget when he was surgeon there, and supplied by Ferguson, the surgical-instrument maker. About three hours after the accident I syringed out the ankle-joint with a solution of carbolic acid in thirty-nine parts of recently boiled water, and then, after cleaning around the wound, applied a pad of lint of six or eight thicknesses, saturated with glycerinum acidi carbolici, taking care that the upper layers were of sufficient size to project some

little way beyond the wound, so as to exclude air effectually, in case of the patient becoming restless. This was then secured by a bandage. The next day all the upper layers of lint were removed, soaked as before, and then re-applied, except the three next the wound, which were left undisturbed. Then over the lint I put a large piece of carbolic acid plaster, and secured it with a bandage. This mode of dressing was repeated night and morning for several weeks, during the whole of which time not more than about a tablespoonful of discharge escaped from beneath the pad of lint. The discharge was of a pink color, opaque, and nearly solid. The bowels were confined, and pain and starting relieved with opium, for about a fortnight. After this the patient, who ate heartily his ordinary diet of meat, etc., the whole time, used to sit up in bed and write letters, and keep the account relating to his business. After six weeks I gradually reduced the amount of the carbolic acid by adding more glycerine, and when the wound was nearly healed I used spermacetic ointment. He ultimately made a good recovery, and can walk considerable distance with the aid of two sticks.

The next patient was a cab-driver, aged about fifty years. His horse fell down as he was driving, and while endeavoring to hold him up, he was pulled off his seat and broke his leg. He was then taken to the Weymouth Royal Hospital, distant seven miles from the scene of the accident. On his arrival there, I found that he had a lacerated wound about three inches long, through which the upper half of the tibia was protruding. After the fracture had been set, and the edges of the wound had been drawn together, except over the seat of the fracture, where, in consequence of the leg, the skin would not meet without more force being used than appeared desirable, a pad of lint about four thicknesses was saturated with carbolic acid and glycerine, and lightly bandaged on. The fracture apparatus used consisted of an iron back-splint, with two wooden side-splints, padded and suspended from a cradle, as in the previous case. Over the pad a piece of carbolic acid plaster was placed. The next day a fresh pad of about four thicknesses was soaked as before mentioned, and applied over the previous one, and the plaster over them both. This dressing was repeated night and morning for about a fortnight, after which it was reduced to once a day. The man was on ordinary diet throughout, and there was no constitutional disturbance. About a month after the accident the lint next the wound was for the first time removed, and the wound found to have healed, except over the end of the bone, where there was a wound about an inch long, with bare bone exposed. The special treatment was now discontinued, and poultices were used. A little later a thin layer of bone came away, and the wound then soon healed, and then recovered with a useful leg.

The next patient was a brewer's drayman, a large made and very fat man, accustomed to the free use of the beverages he supplied. His horse started off while he was in a public house, and when he ran to their heads and endeavored to stop them he was knocked down, and before they could be stopped the front wheel

of the dray going over inner side of his knee, turned back a large flap of skin, and made a lacerated wound that extended into the knee-joint. A surgeon was called, and gave the foregoing account on resigning the charge of the case. When I saw him a large pad of four thicknesses of lint, saturated with the glycerinum acidi carbolici, was applied over the wound, and kept saturated by fresh supplies on its outer surface renewed daily. For a week or ten days all went well, and no trouble connected with the joint occurred afterward, but at the end of that time the lint came off, and poultices were used instead, the edges of the skin flap being found to be sloughing, and erysipelas of the leg commencing. The erysipelas followed a severe course, as it did also in several other cases that occurred about the same time, but in the end he recovered and returned to his occupation as drayman.

The next patient was a builder's workman, who fell from a scaffold eighteen feet high, thereby sustaining a severe compound fracture of the lower jaw, while another man falling upon him broke his thigh, and the bone coming through the skin wounded the internal saphenous vein, and caused such copious bleeding that the man appeared in danger of immediate death from loss of blood. Under these circumstances a large sponge was bound tightly over the wound, and the bleeding thus arrested. The fracture was then set, a long splint and bandages being used in the ordinary way. The treatment having reached this stage when I first saw the man, was cold, perspiring profusely, with livid face, and evidently almost dying from loss of blood, I applied the glycerinum acidi carbolici freely to the bandages over the sponge, and then lightly bound over them four thicknesses of lint saturated with it. The next day I removed the lint, cut slits at short intervals in the bandages, and ejected the glycerine through them with a syringe and along the upper edge of the sponge, and then reapplied the pad of lint freshly saturated as before. This treatment was continued for a fortnight without disturbing the sponge, after which the sponge was removed, and the wound found to have healed. The man's health improved throughout, and he recovered in about the same time as if it had been a simple fracture of the leg.—*Lancet*, June 18, 1881, p. 985.—*Braithwait*.

DIPHTHERIA AND BACTERIA.

The supplement to the National Board of Health Bulletin for January 21st, contains the full report of the experiments conducted by Drs. H. C. Wood and H. F. Formad, of Philadelphia, under the auspices of the Board, with a view of determining the connection of diphtheria with fungi. This report is one which is a credit to American medicine, and would place Drs. Wood and Formad in a high place among the careful observers in any country. It is an eminently scientific report, and although the experiments undertaken have not yet been as conclusive in their results as one could wish, there is that in the record of them which inspires faith

in the ultimate practical good which will crown the labors of these observers.

The experiments were undertaken to determine two questions: First, whether bacteria, which are always present in the false membrane of diphtheria, are identical in form and size with those which are present, not only in the membrane of non-diphtheritic tracheitis, but also in the inflammation of an inflamed tonsil; second, whether bacteria are always present in diphtheria, or only in some cases. To answer the first question a large number of cases were examined. These cases are divided into two sets: First, those of endemic or sporadic diphtheria; second, those of true malignant epidemic diphtheria. The experiments consisted of two sets, the first being conducted on eight mild cases occurring in Philadelphia, and the second on fourteen cases of malignant diphtheria as it occurred in epidemic form at Ludington in this State. Out of the seven cases, in which blood was examined during life for micrococci, in six no fungi was found, while in one case micrococci were somewhat abundant in the vital fluid. Of the Ludington cases, fourteen in number, in seven micrococci were found, and in seven none were present. The cases in which there were no micrococci were all of them very light, or in the stage of convalescence, and the amount of fungi present in the malignant cases seemed to be proportionate to the severity of the symptoms, and to steadily progress with the disease in the fatal cases. "The study of these two sets of cases is sufficient," they say, "to enable us to formulate, as established, the proposition that in endemic mild diphtheria, micrococci are always present in the part locally diseased, but are usually not present during life in the blood, or in the glandular organs, even in cases which prove fatal; that in malignant epidemic diphtheria micrococci are always present in the part locally diseased, and are also usually, and perhaps always to be found in the blood and tissues of severe cases, but are frequently, if not usually, absent from the blood of mild cases."

Observations conducted to determine whether micrococci are found in the blood of other diseases than diphtheria, and if so whether they are distinguishable from those found in the latter disease, were not conclusive.

Their testimony on that much mooted question, the identity of diphtheria and croup, is far from fortifying the position assumed by the dualist.

They say "It will be shown that the morbid cases which give rise in the respective lesions in the pharynx and in the air passages is the same, and the anatomy of the products identical." They claim that the apparent difference in the lesions and in the morphology of the exudates is altogether conditioned by and dependent upon the anatomical peculiarities of the pharynx and respiratory passage. The reasons which they give for such an expression are fully stated and are indeed very conclusive as arguments in favor of the identity of the two diseases.

The following summary is given of the chapter on the "Nature of Diphtheria:"

"The micrococci of diphtheria do not differ, so far as observed,

from the micrococci of furred tongue, etc., except in their tendency to grow in culture fluids.

The micrococci of furred tongue or ordinary sore throat have a less tendency to grow under culture than have the micrococci of endemic non-malignant diphtheria.

The micrococci of endemic or non-malignant diphtheria have a much less tendency to grow under culture than have the micrococci of malignant diphtheria.

The rapidity of growth of the micrococci is in direct proportion to the malignancy of the cases yielding them, and its contagiousness.

On exposure to the air diphtheritic members of the most violent type loses its contagious power, and the micrococci *pari passu* lose their power of growing in culture fluids.

Under successive generations of artificial culture the diphtheritic micrococci lose their growth, activity and also their power of infecting the rabbit.

It has not been experimentally directly proven, but it is a necessary inference from the two facts just stated, that under certain favoring circumstances the sluggish micrococci puts on growth, activity, and, in all probability, *poisonous properties*.

Every grade of case can be found in man from an ordinary sore throat, through simple pseudo-membranous angina and tracheitis up to malignant diphtheria.

Any inflammation of the trachea of sufficient intensity may cause the formation of pseudo-membrane."

If these experiments teach anything, it is that diphtheria is not a specific disease, or rather that the micrococcus which has been regarded as essential to the existence of the disease is not of a different nature from that found in healthy throats, but that in diphtheria this micrococcus has been stirred up into unwonted activity, the soil furnished by individual throats favoring such activity, and the rapid growth of the germ. They teach that the micrococcus finds a favorable soil in throats which would naturally be supposed to have the least powers of resistance, *e. g.*, in children and in debilitated adults. They teach also that diphtheria is first a local disease before it is a systemic, and inculcate the importance of early local treatment with a view to destroying the bacteria before they find an entrance into the circulation and to cause systemic infection. There is, of course, nothing new in these deductions, but the experiments give them increased weight and will lead to their more general acceptance.—*Michigan Medical News*.

CASES OF CEPHALIC VERSION IN THE POSTURAL POSITION.

ADDRESS BY JOHN HAVENSTEIN, M. D.,
President of the Erie County Medical Society. Read at the Annual Meeting January 10, 1882.

CASE I. Mrs. Van V., aged 31 years, tall, with well marked lateral curvature of the spine, was taken with labor pains with her first child at 9 o'clock p. m., on the twentieth of June 1879, and in

the absence of Dr. W. Ring, his son, Dr. Chas. A. Ring, attended her during the night. In the morning, Dr. W. Ring called and found the os uteri dilated to the size of a half dollar, the face presenting with the chin toward the left side. At 10 o'clock the following morning I first saw the patient in consultation with Drs. W. and Chas. A. Ring. An examination confirmed their diagnosis, and detected at the same time a marked projection of the sacrum forward, and consequent diminution of the conjugate diameter of the pelvis. The membranes had ruptured and the face was pressed firmly against the brain. It was agreed to attempt version of the head. The woman was placed in the knee and chest position, and I then passed my right hand into the uterus as far as enabled me to grasp the occiput, then flexing the head upon the chest, I succeeded in bringing down the vertex. In consequence, however, of the deformity, the head did not engage in the pelvis, and three hours after version of the head the forceps were applied and the woman delivered of a healthy child. The mother's convalescence was natural, and the child was thrifty in appearance.

CASE II. Dr. W. Ring sent for me at 10 o'clock a. m., December 8, 1880, to assist him in a case of face labor. The woman, Mrs. S., 29 years of age, with her first child, had been in labor twenty-four hours before I saw her. An examination proved the chin to be to left side, and not yet engaged in the upper strait. In consultation it was agreed, in order to expedite the labor and to relieve the woman of her sufferings, to resort to cephalic version. She was placed in the postural position, and my right hand was then passed over the occiput, and the face presentation was converted into one of the vertex. Labor was completed by the natural powers two hours after version. Mother and child made a good recovery, although the mother needed more than ordinary care to guard against inflammation.

CASE III. Mrs. C., aged 35 years, fleshy and strong, commenced her fourth labor at 5 o'clock a. m., March 17, 1881. Dr. Ring was called at 8 o'clock, and found membranes ruptured, the child presenting face downward, chin toward the left sacro-iliac symphysis but more nearly to the sacrum, child's head very large. At 10 o'clock a. m., Dr. Ring sent for me, and upon my arrival I found the condition as stated. The woman had powerful labor pains, and the face of the child was pressed with great violence against the brain of the pelvis, causing it to swell considerably. As soon, however, as the woman was placed in the postural position, my hand could readily be passed into the uterus; I found the fetal head to be free and very movable, so much so that in order to fix it, I had to grasp the occiput with the points of my fingers. Version being completed, the child was born twenty minutes after; the effects of pressure were shown by a swelled face and closed eyes for several days, consequent upon the strong labor pains. The child weighed twelve pounds. Mother and child made an excellent recovery.

Such being some of my experience in face presentations, I concluded, after some hesitation, to acquaint my professional colleagues of this society with the facts of a mode of procedure in such cases,

that I have not found mentioned in the writings of obstetricians. For any merit that there may be in this method of correcting face presentations, I can truthfully say I am under obligations to no one for hints or suggestions in its adoption. The claim for originality, however, is immaterial; if I have succeeded in calling your attention to a practice which you will recognize and acknowledge after trial as an improvement in the management of face labor, *my labors* are compensated.—*Med. and Sur. Journal.*

FILARIA SANGUINIS HOMINIS.

Dr. Myers, of Takow, Formosa, has recently added to our knowledge of the *Filaria sanguinis hominis* the interesting results of numerous observations made by himself upon filaria-infected patients. He instituted these examinations, he tells us, at the request of Dr. Patrick Manson, with the object in view of investigating, and, if possible, confirming, the discoveries and observations made by that gentleman. He endeavored, therefore, to determine the proportion of patients affected, noting the external manifestations present,—*e. g.*, elephantiasis, lymph-scrotum, etc.; the periodicity of appearance and disappearance of the embryos; the cause of the diurnal disappearance, the centre of congregation, if any; the effects of "infilaration" of the monkey. After examining a large number of patients, he succeeded in finding but three in whose blood the filaria appeared, neither of whom, however, presented any appearance of elephantiasis or lymph-scrotum. One of these, a boatman (born in Amoy, To Ah, by name), he succeeded in prevailing upon to submit to daily puncturing of the skin for obtaining specimens of blood for microscopic examination. This good-natured boatman, To Ah, was placed under a large mosquito-net, and mosquitoes from all parts of the island were allowed to feed upon him nightly. A trough was suspended within the net, and filled with water, upon which the mosquitoes deposited their ova. This water was given to monkeys to drink, no other fluid being allowed them except that contained in the bananas on which they were fed. Frequent examinations of the blood of To Ah showed the presence of the filaria at night and their absence during a greater part of the day. The temperature, taken at each observation, generally rose slightly with the appearance of the embryos, and fell again with their disappearance. The mosquitoes fed upon To Ah were also subjected to microscopic examination, the half-digested remains of the embryos being all that could be found. The attempts to filariate the monkeys by allowing them to be bitten by these mosquitoes, and by compelling them to drink water upon which the ova of these mosquitoes had been deposited, both failed, the monkeys eventually dying of tuberculosis, a disease common among those kept in captivity.

Dr. Myers expresses the opinion that the mosquitoes which play the part of host in the embryo during its development must be of a different species from those found in Formosa, which di-

gest the embryo instead of nurturing it; and to this fact he attributes the apparent immunity of the natives of that island from the filaria.

In concluding his observations, Dr. Myers made a number of experiments upon the filaria with various drugs, such as arsenious acid, salicylic acid, bisulphate of quinia, and santonin, and was surprised to find that a comparatively large quantity was required to destroy it—sufficient, indeed, to destroy the patient as well.

Dr. Myers's paper is equally valuable and interesting, and reflects great credit upon its author for the untiring zeal and perseverance with which he has followed up the subject. We would suggest that the experiment be made of changing the hours of rest and maximum light by requiring the patient to sleep in a darkened room during the day, and to note the effect upon the appearance and disappearance of the embryos.—*Med. Times*.

POTASSIUM PERMANGANATE AS AN ANTIDOTE TO THE VENOM OF SERPENTS.

A NOTE COMMUNICATED TO THE FRENCH ACADEMY BY M. DE LACERDA (RIO JANEIRO)—*Gazette des Hopitaux*.

TRANSLATED BY DR. A. D. MATAR.

In order to study the action of certain chemical and botanical substances upon the phenomena which follow the inoculation of the venom of serpents, we began two months ago a series of experiments, which have led to results of the highest scientific and practical importance.

After recognizing the worthlessness of the perchloride of iron, borax and nitrate of mercury, tannin and various other chemical substances in relieving the effects of poisonous ophidian inoculations, we determined to try a substance which furnished us truly wonderful results—we refer to the permanganate of potassium.

The results obtained in the first series of experiments, by injecting the active venom of the bothrops, diluted in distilled water, into the subcutaneous areolar tissue of dogs, demonstrated plainly that this substance (the permanganate) was capable of arresting completely the local toxic manifestations of the venom. In carrying out our experiments we proceeded thuswise: A sufficient quantity of cotton was subjected to the bites of the reptile, and the venom collected in its meshes was diluted in a small quantity of distilled water (usually 8 to 10 grains of this menstruum); a Pravaz syringe was then filled with this solution and half of its contents injected into the cellular tissue of the buttock of a dog. One or two minutes after, or even after a longer lapse of time, an equal quantity of a filtered 1 per cent. solution of potassium permanganate was injected into the same region. These dogs, when examined the next day, did not present the slightest local lesion, at most a very small tumefaction, localized about the seat of the injection, without any infiltration or any other sign of irritation. And yet, the same venom which had served in these experiments, when injected without the antidote, always produced great local

tumefaction and more or less voluminous abscesses, associated with considerable loss of substance and destruction of tissue.

The results achieved in this first series of experiments by the simple hypodermic injection of potassium permanganate encouraged us to try the same substance in cases of poisoning from the intravenous injection of the ophidian venom.

Here, again, the permanganate of potash answered perfectly to our expectations. We have now repeated our experiment 30 times, and have barely met with two failures. These failures, however, may be attributed to various causes, which do not affect the general efficiency of the agent now under discussion. First, we may state that these experiments were conducted, in these exceptional instances, on badly nourished, very feeble and young animals; and again, the injections of the permanganate were administered too long after the introduction of the poison, when the heart's action was on the verge of suspension.

For a certain number of cases we injected intravenously half a syringeful (Pravaz's syringe) of a solution of the strength of 12 or 15 serpent bites (on cotton) in 10 grains of water, followed half a minute later, by 2 centigrams of a 1 per cent. solution of potassium permanganate. Outside of a very transient agitation, and sometimes of an acceleration in the cardiac pulsations, which hardly ever lasted over a few minutes, the animal experimented upon never manifested the slightest morbid phenomena. The inoculated animals were carefully observed for several days after the experiment, but they always seemed to be perfectly healthy.

In another series of cases, we injected the venom into the bladder and waited for the manifestation of the characteristic poisonous symptoms. Just at the moment when the pupils were observed to be greatly dilated, when respiratory and cardiac troubles, contracting involuntary micturition and defecation, indicated a condition of profound intoxication, we injected intravenously, 2 to 3 centimeters of the same 1 per cent. solution of potassium permanganate, repeating the injections, one after another, until we observed, usually at the end of 2 or 3 minutes, or five at most, that the above phenomena disappeared; a condition of general prostration was the only perceptible result of the experiment, and this was hardly ever protracted over 15 or 25 minutes. If the animal was then placed on his feet, he could walk very well; he could run if compelled to, and in fact deported himself throughout like a healthy dog. And yet, other dogs that had received within their veins the same quantity of pure venom, without any counteracting agent, died every one, more or less rapidly.

These truly remarkable results, which attracted general attention, were witnessed at different times, not only by His Majesty, Don Pedro, who kindly honored us with his presence in our first experiment, but also by persons highly conversant in these matters, physicians, members of faculties, and members of foreign diplomatic corps, etc.

I therefore believe myself justified in asserting that the permanganate of potassium is a true antidote to the venom of serpents.—*New Orleans Med. and Surg. Journal.*

ABSTRACTS AND GLEANINGS.

Asiatic Cholera and Yellow Fever—Experience in the United States Respecting Them.—Dr. J. S. Billings, in *American Journal of Medical Sciences*, October, 1881, gives the following :

I. As regards cholera, this experience accords in most points with the conclusions of the Conference of Constantinople and Vienna. The quarantines of the United States have not been, and are not now, capable of preventing the importation of cholera. In the United States there is special danger of such importation through the personal baggage of emigrants.

When the disease has been introduced, more can be done in stamping it out, and in the way of personal prophylaxis, than in other pestilential diseases. The systematic disinfection of excreta, clothing, and persons, and the securing pure food and drink, are the means to this end.

II. As regards yellow fever, the epidemics of 1878 and '79 have produced considerable change in the opinions of American physicians. The majority believe that it is a specific disease—not connected with marsh malaria—due to a specific living cause, and not indigenous to, or endemic in, the United States, in which country it is always due to importation.

III. This importation might, to a great extent, but not entirely, be prevented by a proper system of quarantine, without causing undue obstruction to travel or traffic. The word quarantine includes what the Vienna Conference terms systems of medical inspection, either of ships, persons, or cargo, beyond the time needed for cleansing and disinfection.

IV. Measures which, without entirely preventing, will delay the importation of yellow fever, have a much greater relative importance than in other diseases, and for this reason inland quarantines are of much more value in this disease than in cholera.

V. The experience of 1879 is favorable to attempts to stamp out yellow fever by systematic cleansing and disinfection of the infected localities, and also by measures of depopulation and the formation of camps.

VI. Much of the practical difficulty in dealing efficiently with yellow fever being connected with diagnosis, attention is called to a recent attempt to formulate a diagnosis of this disease for sanitary purposes.

VII. From the practical as well as the scientific point of view, the great desideratum at present, as regards both cholera and yellow fever, is a test for the presence of their causes, other than the production of the disease in man.

VIII. Yellow fever cities are filthy cities, and yellow fever ships are usually foul ships. But we know of no city in the yellow fever region that is clean enough to make this rule of much importance

as regards them, and it would be very unsafe to act on the supposition that a clean ship cannot become infected.

IX. The greatest difficulties in the way of preventing the introduction of cholera and yellow fever into the United States, are due to want of reliable information as to the sanitary condition of foreign ports, and of vessels sailing therefrom. To overcome these difficulties, co-operation between the great commercial nations of the earth is desirable.

X. Some account is given of the effort of the National Board of Health to secure this co-operation through the International Sanitary Conference of Washington, and of the results of this Conference. The conclusions of this Conference are not satisfactory, and will give no practical result. The proper basis for an international agreement on the subject is the following:

1. Each government should secure prompt and reliable information as to the existence of cholera, yellow fever, and plague, within its boundaries, and especially in its seaports.
2. Each government should communicate this information to the other parties to the agreement, and especially to their consuls, or consular agents, at the sea-port. In case of the occurrence of either of the above named diseases, the communication should be made with the least possible delay—by telegraph, if practicable.
3. When bills of health are required by any one of the contracting governments, such bills should be signed by its own agents at the port of departure, and these agents should have the right to make such inspection of the ships as is necessary to enable them to certify to the bill of health.
4. The agents charged with the duty of signing the bill of health, should also have the privilege, in case either cholera, yellow fever, or plague exists at the port of departure, of making use of the telegraph to notify their respective governments of the departure of ships from such infected ports.
5. The bill of health should be of the form approved by the Washington International Sanitary Conference—it should be neither a clean bill, nor a foul bill, but a certificate in detail as to the sanitary condition of the port, and of the ship.

Blood-letting.—Dr. Mays, in a paper before the San Francisco Medical Society, (*Western Lancet*) very sensibly remarks:

Were our grandfathers right or wrong? Was bloodletting founded on principles so fallacious as to warrant its total extinction? Without entering upon a question of so great magnitude just now, I will venture to say that none of the great modes of thought that have ever dominated medicine are really dead. Methods of treatment change, but the principles of our science remain about the same they ever were. What medical man rejects the doctrine of fluxion, or refuses to believe that in acute inflammation the current of blood setting towards the irritated organ may be turned aside by venesection, and the progress of the disease stayed thereby?

The medicine of to-day is not built upon the ruins of the medi-

cine of yesterday; it may rather be likened to the upper tier of bricks in a noble though unfinished edifice. Yet there are many who imagine that the new must necessarily be a reversal of the old. As an instance of the current adoration of the brand-new, think how that useful, if a trifle pompous, word *antiphlogistic* has been dropped entirely out of our vocabulary. The medical writer of the day would consider himself disgraced if he used it. He disowns both the word and the ideas it represents; yet at the next bedside he visits he puts into practice the very theory he derides. He does not fail to place his fever patient under regulations as to a low and carefully restricted diet—in other words, he carries out the antiphlogistic regimen. This is simply medical vandalism.

There is no danger of a revival of bleeding in its old aspects, nor do I wish to be understood as favoring such a movement; my plea is only for a more considerate bearing towards the forms of thought, our direct progenitors in the line of medical evolution. I would like to see the younger generation of physicians neither oblivious to the fact that venesection is often the very best therapeutic measure at their command, nor afraid to resort to it if they wish to.

The American Public Health Association.—The New York Medical Times (Homœopathic) thus speaks of the Public Health Association at Savannah:

All schools of medicine meet on the common ground of sanitation, or care of the public health. On this occasion, at Savannah, there was noticeable the pleasant mingling of the blue and the gray—the old Surgeon-General of the Confederate army (S. P. Moore), Majors, Captains, etc., of the same, cordially greeting their once Northern enemies; and the fraternizing of members of the two schools of medicine, which was largely promoted by our Dr. Falligant, who gave the only reception to the members of the A. M. H. Association. The generous hospitality of the Doctor and Mrs. F. was met by a pretty general attendance of all visiting members of the Association, and therapeutics found no place in the discussion of the excellent viands. The other social feature of the occasion was the excursion down the river to Tybee Island and return, given by the citizens of Savannah. A delightful *summer* afternoon, a bountiful collation with champagne, music and the Savannah ladies, made the affair a grand success.

The sessions of the Association were well attended by members, but not by citizens, except in the evenings. Discussions on papers read, showed a pretty thorough knowledge of the subjects under consideration, but there was the usual amount of time wasted on constitutional questions and resolutions which ought to have been tabled at once. One of these is worth noting here, for if its instructions were acted upon, the Homœopathic school would be left without representation in the National Board of Health. The resolution was offered on the false supposition that this Board would soon expire under the act organizing it; and provided that said Board be hereafter composed of members selected from the army and navy surgeons and members of State Boards of Health.

Such a formation of the National Board would effectually prevent popular representation on it. But after a long and warm discussion, a vote was taken which dropped the matter for the present.

Small-Pox.—The period of incubation of vaccina is from seven to nine days, so it is of the highest importance to vaccinate as soon as the person is exposed, thereby superseding small-pox three days; or, if it must come, rendering it lighter. I am well aware that the adherents of vaccination are growing less year after year, but as it is the best preventive I know of, I shall continue to advocate it until something better is discovered. History tells us that before Jenner's time, it was estimated that there were about 600,000 deaths in the world, yearly, from this disease, and that Europe alone lost about 300,000 annually. I think it hardly reaches that at the present day, and as for its inducing other diseases, we have not sufficient grounds to rely upon.

Generally, the first symptom of small-pox is a decided chill or a chilly sensation, lasting a short time, followed by a fever, quite intense, on the tenth day after the exposure. This continues for a day or two with severe pain in the back, then small red spots will make their appearance, usually on the face first, having a granulated feel under the skin. The same manifestations may be seen in the throat and velum. After a few hours a clear fluid makes its appearance in these papules, converting them into vesicles, and soon a small, black depression may be seen on the top of the vesicle, called the umbilical spot, probably so called because it does not look like an umbilicus. This is the diagnostic mark where the other symptoms prevail. Chicken pox, or varicella, has the same general history. It is not my purpose, in this article, to enter into any detailed description of this disease, for that can be found in almost every text-book; nor to spend much time on the treatment, as different schools of medicine have different ideas in relation to it. But certainly, a reduction of the fever is of great importance, and I know of nothing better than aconite, gelseminum or veratum viride, to accomplish this end. The fever usually subsides spontaneously after the eruption fully appears, to re-appear again when the pustula stage commences. This may be due to the increased inflammation or from the formation of pus, or possibly to pyæmia. Tartar emetic in about one-hundredth grain doses is said to work wonders in mitigating the severity of the disease, and some have gone so far as to declare that it aborts it. Tartrate of potassa, dissolved in water, sufficiently weak to be made palatable for a drink, works magically in some cases; but, as a general rule, the disease will run its course, and a good treatment is to let it alone, lest harm be done. Give remedies to mitigate the great suffering as much as possible. Some mild narcotic or anodyne with pure, fresh air, frequent sponging of the surface with weak vinegar and water, or a solution of carbonate of soda, protecting the face from the air and light as much as possible, to prevent pitting, is good treatment and will carry more through safely to recovery than too much medication. And pray God that you do not catch it yourself. It is not considered contagious in its inci-

pient stages, or when first recognized by a careful physician, but highly in the pustular and dessicating stages. The scabs should all fall off, and the body should be thoroughly cleansed, before the patient is allowed to mingle with the outer world.

About ten drachms of nitrate of lead dissolved in a gallon of pure water, to which add a tablespoonful of salt, will make one of the best disinfectants that can be used. Sprinkle the bed with it, keep clothes wet with it hung all over the room, and use it freely in the chamber utensils.

Heat is the best known disinfectant for clothing—the hotter the better—a blaze is the best.—*Investigator*.

The Period of Gestation and the Placenta of the Elephant.—The birth of a young elephant, at Bridgeport, is the second well authenticated instance of such an occurrence in captivity on record, a previous birth having taken place in Philadelphia in March, 1880.

Professor Owen, of London, in Vol. III, page 742, of his *Anatomy of Vertebrates*, mentions still another instance as having occurred August 3, 1865, the elephants having paired December 18, 1863, but does not state where the birth took place, nor does he cite any authority in reference to it.

Professor H. C. Chapman, of Philadelphia, who, from his connection with the Zoological Garden there, and his interest in comparative anatomy, had an opportunity to follow events in the case of the elephant Hebe from the first suspicions of pregnancy to parturition, made an interesting communication to the Academy of Natural Sciences, of Philadelphia, to be found in Vol. VIII., of its Journal, upon the placenta and generative apparatus of the elephant, presenting at the same time the injected placenta.

In the case of Hebe the first coitus took place May 29th, and the last June 20th, 1878; eight months later, there being good reasons to consider her pregnant, the question of the period of gestation arose, in regard to which we quote from Dr. Chapman's paper:—"Here again I was comparatively in the dark. In the *Thesaurus of Seba*, published in 1734, there is figured the fœtus of an elephant without any membranes, taken out of its mother at about the middle of the period of gestation. Zimmermann also gives a figure of a fœtus. In the description of this fœtus only vague allusions are made to the length of gestation. As is well known, among the ancients, Pliny thought the period of gestation was six months, Strabo about eighteen; according to Aristotle, however, nearly two years.

"What I had learned from travelers in the East, and from the case referred to by Professor Owen, the time being, in that instance, five hundred and ninety-three days, together with the fact of Aristotle giving nearly two years, led me to indicate that about the first of March, 1880, would be the time at which the birth of the elephant might be looked for. The young elephant was born March 9th, exactly twenty months and twenty days after the last copulation, or twenty-one months and fifteen days, reckoning from the first one. The fixing of the period of gestation in the elephant

at six hundred and thirty to six hundred and fifty-six days, is another interesting illustration of modern investigation confirming the statements made by that most profound thinker and careful observer, Aristotle.

"The labor was a very short one, the mother standing on all-fours, with one hind foot slightly raised. The head presented. The umbilical cord broke, and was removed with the placenta and membranes shortly afterward by Mr. Arstingstall. Immediately after birth the mother rolled the young one in the straw. The young elephant, a female, stood thirty inches in height, measured from base of trunk to root of tail, thirty-five inches, and weighed two hundred and thirteen and one-half pounds. It was noticed immediately that it sucked with the mouth, and not with the trunk, as Buffon reasoned it must do. * * * * *

"The placenta of the elephant is not only interesting on account of its rarity, but also from its combining the characters of the placenta of three different sets of animals. The impossibility of using the placenta, in the case of the elephant at least, as a means of classification is therefore sufficiently obvious."

The latest elephantine baby is stated to have weighed one hundred and forty-six pounds at birth, and the period of gestation, as given, was shorter by several weeks than in the case reported by Dr. Chapman.—*Boston Med. and Surg. Journal*.

Curability and Treatment of Pulmonary Phthisis.—Before having proved anatomically (as has been done recently) that tubercle had a natural tendency to heal, the curability of pulmonary phthisis was a clinical fact well demonstrated, and which M. Jacquoud had contributed both in his teachings and in his writings. His new book dedicated to the curability of consumption is a new affirmation, more complete and more decisive, to practitioners, and ought to be their constant study. This book furnishes details very interesting of the greatest value.

In the use of cod liver oil M. Jacquoud protests energetically against the insufficiency of the doses usually given. Six teaspoonfuls is the minimum dose given by Dr. J. Occasionally larger doses are given, commencing with small and gradually increasing each day so as to reach each week an additional spoonful. Various means are used to produce tolerance of the oil. Alcohol is the best; strychnine and ether are also good.

Fever alone (by reason of the alteration produced in gastric secretion), is a contra-indication to cod liver oil, and then glycerine should be well digested during the fever. As to the hot season, it will be no obstacle to giving the oil. Glycerine, though inferior to cod liver oil, is a good addition, and given in from 40 to 60 grammes daily, is only contra-indicated in persons of cerebro-cardiac excitability, in insomnia, and in high temperature. In addition, give one drop of the essence of mentha, 10 grammes of cognac or rum, which makes the mixture more agreeable.

Arsenic is also a remedy which Dr. J. associates with those above mentioned, and is contra-indicated when there is lassitude after a walk, and the medicine, if continued, causes feebleness in

the lower extremities. This is often the first symptom of arsenical saturation.

Among other remedies, creasote more rapidly and more surely diminishes expectoration and lessens bronchial lesions. This remedy unhappily produces certain difficulties. Commence with small doses, say from 3 to 5 grains, and gradually increase. It is better to give it in capsules, or to add to the oil or glycerine containing it, a drop of mentha.

The indications for the treatment of fever are variable. Quinine and especially the bromo-hydrate of quinine, is preferred, especially when there are cavernous indications or putrid expectoration, and then salicylic acid is also appropriate. The first day 30 grains of salicylic acid is given, and one-half this quantity each succeeding day. If the fever do not moderate, the dose is continued at 30 grains, in combination with cognac or rum, followed by a glass of water. If there be gastric intolerance, use the salicylate of soda, from 4 to 6 grammes, or with small doses subcutaneously. D. Jacquoud has studied the employment of benzoate of soda, by inhalations, so much praised by some physicians, but his conclusions are not so favorable as to lead him to continue it.

Dr. J. has seen all the localities he recommends, for phthysical patients and he favors the high latitudes of Davos de Saint Moritz et de la Maute Engadine.—*Journal de Therapeutique.—Therapeutic Gazette.*

Small-Pox and Vaccination.—M. Greenwood reports some interesting cases, which occurred in a recent epidemic of small-pox, and which illustrate very forcibly the protective effect of vaccination.

1. A woman suffering from small-pox suckled her child throughout nearly the whole period of the disease. The latter, vaccinated successfully a month before, never showed any symptoms.

2. Small-pox occurred in a German family and the oldest of four children eventually succumbed to it. He was the only one in the family unvaccinated, and was nursed for nearly a week at home among the other three, all of whom escaped. The father believed in vaccination, but living in the United States at the time when this child was born, and vaccination being non-compulsory, he had neglected to have it done.

3. Small-pox broke out in a family of three children, none vaccinated. On the removal of the oldest, aged seven, to the hospital, the other two were vaccinated, though the mother said that the second child, aged five years, was not feeling very well at the time. The vaccination was successful in both cases; but in that child, as the vaccinal pustules were beginning to die away, just ten days after vaccination, a slight but distinct variolous eruption broke out over the body. The unvaccinated child died of the disease; the other scarcely had any constitutional symptoms at all, the vaccine, owing to its shorter period of incubation and action, having anticipated the action of the variolous poison, which was already in the system.—*British Med. Journal.*

The Use of Boracic Acid and Calendula in Ear Diseases.

—Dr. Sexton in the Medical Society of New York (Med. Record) admits a boracic acid mixture as follows: This mixture is made of equal parts by weight of tincture of calendula and finely powdered boracic acid, as follows: Evaporate the calendula down in a water-bath, at a temperature of 150° F., to a pasty consistency, and then mix with one-half of the boracic acid; evaporate to dryness, add the other half, and triturate. I do not always employ this preparation in its full strength of the calendula, but frequently find it sufficiently strong when reduced by the addition of more or less pulverized boracic acid.

The local action of both of these remedies on suppurating surfaces seems to be somewhat similar; they are, perhaps, antiseptic, and it is their nature to promote healing; by means of their action secretions are checked, odors are stopped, and healthy granulation promoted. In some otorrhœas the boracic acid may be employed as a dressing, and will not be found so heating as cotton-wool. In this way a light crust is sometimes formed over ulcerating or secreting surfaces, protecting the former while cicatrization goes on, and preventing the latter, when retained, from macerating the neighboring parts and undergoing decomposition.

In by far the greater number of cases of suppurative otitis media, I prefer these drugs in combination. Their range of application is thus very extensive; when used in traumatic rupture of the drum-head, and in the myringitis accompanying perforative inflammation of the middle ear, the results have been most gratifying. In ulcerative inflammation of the external auditory canal of children, especially in the neglected cases among the poor, where the discharge is sanguineous, purulent, and highly offensive, the mixture is very efficacious.

After the removal of polypi, as soon as the bleeding has been arrested, it is sometimes useful.

The powder may be introduced into the ear through an aural speculum, or it may be blown in with a small insufflator.

In acute cases, the powder should at first be applied with great care, for in some instances it is not well borne at the beginning of the attack.

In nearly all cases, the discharge may be expected to lessen under this treatment; and when odor is present, its disappearance may be confidently expected to take place very soon.

The Treatment of Sea-Sickness.—Dr. Milan Soule, surgeon on the steamship City of Sidney, has written an account of his experience with the bromide treatment for sea-sickness, as laid down by Dr. G. M. Beard. His testimony to its efficacy is very emphatic and convincing. He says:

"About three years ago I began to use the bromides in treating sea-sickness, following, as nearly as possible, the direction given in Dr. Beard's valuable monograph on that subject. I had then been in the service of the Pacific Mail Steamship Company nearly four years, and as my field for experiment was large, I had tried nearly every drug or combination of drugs that had ever been pro-

posed for the cure or alleviation of this disagreeable malady. Repeated failures and humiliating disappointments had so shaken my faith in the power of drugs over this disease, that I began to use the bromides with a good deal of doubt and hesitation. Greatly to my surprise and gratification, however, I found that I was able to entirely prevent or greatly to alleviate the disease, and have not one single failure to record. The following is the combination I most frequently employ :

R Sodii bromidi..... ℥iv,
Ammonii bromidi..... ℥ij,
Aquæ menthæ piperitæ..... ℥iij.

M. S. A teaspoonful before meals and at bedtime; begin treatment three days before going on board.

"When preparatory treatment had been neglected and the disease fully established, I put a teaspoonful of the above in a half-tumbler of water, add a drop of ext. ipecac. fluid, and gave a teaspoonful every five minutes; it generally relieves the patient in less than an hour. I have received several letters (guinea enclosed) from passengers asking me to send them the above formula. Next to the bromides, I have found hyoscyamia the most successful remedy. Atropia will frequently afford relief, but is not altogether safe, as I have noticed a few cases of retention of urine to follow its use. I gave nitrate of amyl a fair trial, but it proved a complete failure. I have notes of several cases where the bromides entirely prevented sea-sickness during voyages of from twenty to thirty days, although these patients were always sick on previous voyages."—*Ex.*

Sulphide of Calcium in Strumous Ophthalmia.—The good effects resulting from the use of sulphide of calcium in the sores of scrofulous children, and in other affections associated with this diathesis, have been particularly insisted upon by Ringer. It is now my purpose, however, to speak of its value in "strumous ophthalmia." Under this head I allude to phlyctenular and pustular conjunctivitis and keratitis, the characteristics of which I need not further mention. In many of these cases, when other remedies have been used for some time with little or no benefit, the sulphide of calcium has proven of great service. I do not know if it has been much, if at all, recommended in this class of cases, but I was led in the outset to employ it by noticing its beneficial effects in other scrofulous affections, and this especially in the practice of my friend, Dr. Dyson.

The sulphide will be found particularly serviceable in those cases of children with manifest strumous habit, enlarged cervical glands, swollen face, the eyelids tightly closed, photophobia, and where, on opening the eyes, a gush of hot tears is emitted, and examination of the ocular surface discloses one or more phlyctenules on the cornea, or it may be merely increased vascularity of conjunctiva. These cases treated by the ordinary constitutional and local remedies are often tedious, but with the sulphide of calcium, coupled with the usual applications to the eyes, such as atropine and warm

fomentations of poppy, or what not, frequently quickly yield a happy result. In other cases also of phlyctenular conjunctivitis or keratitis, and not alone in children, the good effects of this medicine are conspicuous. Of course, like all other drugs, it will be hardly likely to be suitable for, or to benefit, all cases, but I have now employed it with good results so frequently that I am quite satisfied as to its being a useful remedy. After little or no benefit with steel in its various forms, and cod liver oil, the rapid recovery often after the substitution of the sulphide has been astonishing. The mode of administration is generally in the form of a powder, and from gr. 1-10 to gr. $\frac{1}{4}$ of the sulphide, with a few grains of sugar of milk, are given about three times daily. In this way children take it readily.—Simon Snell, in *The Practitioner*.—*Mich. News*.

Iodide of Potassium in Frontal Headache.—Dr. Haley states, in the *Australian Medical Journal* for August, that for some years past he has found minimum doses of iodide of potassium of great service in frontal headache. A heavy dull headache situated over the brow, and accompanied by languor, chilliness, and a feeling of general discomfort, with distaste for food, which sometimes approach to nausea, can be completely removed by a two-grain dose dissolved in half a wineglass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person who a quarter of an hour before was feeling most miserable, and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitute its great advantage.—*Louisville Med. News*.

Treatment of Wine-marks by Electrolysis.—The object, as in scarification and puncture, is to excite sufficient inflammation to destroy the fine net-work of blood-vessels. A simple needle, or an instrument containing a dozen or more needles, with points upon the same plane and about two millimeters apart, is attached to the negative cord pressed into the skin and the electrolytic action serves to destroy the capillary net-work. The instrument used is a small brass disc, which carries numerous fine cambric needles. When the circuit is completed, a blanching of the tissue for a small space around the needles is immediately observed. With ten or twelve cells of an ordinary zinc and carbon battery, the needles should be allowed to remain ten to thirty seconds, depending upon the delicacy of the skin and the effect produced. The blanching disappears in a few moments. The effect of the electrolysis becomes evident in about three weeks. In aggravated cases, there might be a return of the color, when a very fine and flexible steel needle, introduced in an oblique direction beneath the skin to the depth of a centimetre or more, should be used. By this means he destroyed the larger vessels from which the supply of the capillary vessels was received. The objectionable features were that the operation was a somewhat tedious and painful one.

a slight danger of causing suppuration and superficial sloughs, and a tendency to the formation of small keloidal-appearing out-growths, and sometimes small ulcers and depressed scars, or small, firm vascular nodules. The operation does not leave a perfectly normal skin, but the condition may be greatly improved.

Dr. Sherwell, of Brooklyn, thought that the same results could be obtained by multiple puncture with a needle or disc of needles, the ends of which had been tipped with a caustic, as chromic or carbolic acid.

Dr. Knapp, of New York, suggested that if the starting-point of these marks could be found and destroyed, the remainder would be obliterated. An illustrative case was cited.

Dr. Sherman, of Ogdensburg, cited a case in which spontaneous ulceration occurred at the point, and produced the same result mentioned by Dr. Knapp.—*New York Medical Society-Record.*

Questions on Vaccination.—Referring to the discussion on vaccination in your journal—

1. I know that some persons are temporarily insusceptible to the effects of vaccine virus. One case, among many in my practice, is this: I was called to a man whom I found with the symptoms of malignant small-pox. I asked him why he had not attended to vaccination? He noticed the tone of fault-finding in my voice, and said: "You cannot blame me, Doctor, for I have been vaccinated twenty-two times, and you have vaccinated me three times yourself." He died in three or four days. There can be no doubt that *he had been insusceptible* to the effects of vaccination; but I have no doubt that if he had been vaccinated within a short period before he was exposed to small-pox, the vaccination would have taken effect and his life would have been saved.

My record of 26,399 vaccinations, to date, show many scores, I think hundreds, of cases, where children were vaccinated with perfect success, who had been unsuccessfully vaccinated previously, from one to fifteen times. It is probable that a considerable number of these had been temporarily insusceptible to the effects of vaccination, though in the greater portion of the cases the failure was the fault of the vaccination.

2. Another case may have some bearing upon another point discussed by your correspondent:

A child was born of a woman sick with modified small-pox or varioloid. The case was severe, the eruption was profuse, and the child was born on the fourth day of the eruption. I vaccinated the child when it was just twenty-four hours old, and at the same time another child about two years old, who had never been vaccinated. The vaccination produced a perfectly typical result in both children; they both remained in the room with their mother, and in the adjoining room, and neither of them had the slightest symptoms of small-pox. The tenement had only two rooms. The disease in the mother had not protected the child from the effects of vaccination. Want of time prevents me from inflicting a much longer story of experience upon you.—E. M. S., in *Med. and Surg. Rep.*

Treatment of Laryngeal Phthlsis.—Dr. Maurice Schmidt, Frankfort-on-Maine, in *Edinburgh Medical Journal*, says;

Up to the present time the treatment has almost always been limited to relieving the sufferings of patients as much as possible.

The treatment which I prescribe contains nothing new, the free scarifications excepted. All the other remedies have already been employed by other physicians. The treatment is divided into two parts—the treatment of the lungs and that of the larynx. As to the first, this is not the place to discuss it. My experience has shown me the superiority of non-medicinal treatmentt physiological if you like.

I would like to say, in a few words, what this treatment is which I make my patients carry out.

(1) Constant residence in an atmosphere as pure as possible both day and night. I induce my patients to keep their windows open during summer or half-closed during winter. I send those who have the means into the mountains, the forests, or to the country. I only make one exception, for patients attacked with inflammation of the larynx, however slight, with whom the climate of the high Alps does not appear to me to agree.

(2) Exercise of the lungs, suited to the strength of each patient to facilitate the expulsion of mucus, and to induce the patients to profit by what remains of their lungs to promote hematosis.

(3) To stimulate the functions of the skin by dry rubbings or by bathing in cold water. A secondary benefit of this remedy is that the patients are hardened against changes of temperature.

(4) A good mixed nourishment, not exclusively animal. During summer, milk cure; during winter, large doses of cod-liver oil, if the patients can bear it, if not they are replaced with food of a fatty nature. Treatment of affections of the stomach.

Carcinoma of the Breast.—Dr. Gross, in a paper read before the New York Academy of Medicine (*Boston Medical Journal*) draws the following conclusions:

1. That surgical intervention in carcinoma of the breast tends to retard the progress of the disease by preventing local dissemination, implication of associated lymphatic glands, and the development of visceral tumors.

2. That local reproductions do not militate against permanent recovery, provided they are thoroughly and early excised, as soon as they appear; and that lymphatic involvement does not forbid operation, since, in fact, glands were removed in more than one-third of the examples of final cure.

3. That the subjects are almost without exception saved from local and general reproduction, if three years have elapsed after the last operation.

4. That the risk from operations is outweighed by benefits which accrue from them, since they not only add twelve months to the life of the patient, but also cure one-half as many patients as they destroy.

5. That all carcinomas of the breast—if there is no evidence of

metastatic tumors, and if thorough removal is practicable—should be dealt with as early as possible, by amputating the entire mamma, integument and all, dissecting away all the subjacent fascia, opening the axilla, with the view to exploration and removal of all the glands not palpable prior to interference.

Acute Rheumatism.—Prof. Latham (Cambridge Medical Society) has advanced a new theory as to the pathological changes in the blood in acute rheumatism, and maintains that the first step was a lowering of the action of the "inhibitory chemical centre," or nervous centre, which controls oxidation in the muscular tissue. Following upon this, the oxygen from the oxyhæmo-globin, instead of entering the muscular tissue to be exhaled therefrom in the form of carbonic acid gas, had its sojourn in the tissue shortened, and passed into the blood in the form of lactic acid (a substance which appears in muscle almost instantaneously with its death). That the oxygen acted also more energetically on the muscular tissue, and the resulting lactic acid being oxidized rapidly in the blood, instead of the muscular tissue, an abnormal amount of heat or pyrexia was developed.

He then argued that quinia lowered temperature by simply impeding the carrying of ozone from the lungs to the tissues by the red corpuscles, as in Binz's experiments with ozonized turpentine and guaiacum; and so the remedy might act beneficially in rheumatism, but would have no effect on the *materies morbi*.

Salicylic acid, on the other hand, lowered the temperature and cured the disease by mechanically combining with the substances from which the lactic acid is derived, and producing less heat than would from the oxidation of that substance. He recommends large doses to be continued for a long time.—*Dr. Faison, in Transactions of N. C. Med. Society.*

On the Removal of Warts.—Dr. W. Allan Jamieson says, in the *Practitioner* for September, 1881, that chromic acid, one to one of water, is by far the best remedy. The skin round each wart is first protected by painting it with oil, and then the wart itself is soaked with the solution of chromic acid; this absorbs water from the tissues, coagulating and hardening the albuminous tissues at the same time, and the unsightly wart soon disappears. These warts seldom appear after puberty on the hands, but a healthy girl well grown, aged fifteen, came to the writer sometime since with a dozen of them on her hands, which annoyed her for six years. Of course they much interfered with work, being always in the way. Steady use of the chromic acid removed them in a few weeks.—*Independent Practitioner.*

Vaccination in Scotland.—Scotland is greatly in favor of vaccination. Dr. Robertson's report of the vaccination of children born in Scotland in 1879, states that only one individual refused to have his children vaccinated. Small-pox has not caused much trouble since 1847, in which year there were 1,246 deaths. In 1880 there were only 10 fatal cases.—*British Medical Journal.*

Oil of Wintergreen as an Effective Salicylate in Rheumatism.—An able chemist, namely, Mr. P. Casamajor, of Brooklyn, informs the writer of this paragraph, that arguing from a purely chemical position he expected to obtain better results in acute or subacute rheumatism, and perhaps in chronic rheumatism also, from the use of oil of gaultheria, or wintergreen. This oil is mainly methyl salicylate, and was among the earliest sources of salicylic acid. Mr. Casamajor supposes that this salt of salicylic acid would be easily appropriated in the economy, and would prove more effective than other salicylates of more fixed character. Carrying out his ideas he had treated himself and several friends who had been subjected to rather sharp attacks of rheumatism with oil of wintergreen and with somewhat marked benefit in every case tried. He takes, and gives the oil in doses of ten drops dropped on sugar, and the sugar then mixed with a little water and swallowed about every two hours until the pain is relieved. This simple procedure is well worthy of extended trial and closer observation.—*Dr. Squibb.*

A New Cinchona Alkaloid, from Cuprea Bark.—The London Pharmaceutical Journal and Transactions of December 17th, p. 497, has two articles upon a new alkaloid found in the recent coppery colored cinchona bark which has come in large quantities from South America, and is much used by makers of salts of quinia. One paper is by Messrs. B. H. Paul and A. J. Cownley, and the other is by Mr. W. George Whiffen.

These papers concur in their description of an alkaloid not before known, but which is very much like quinia. The sulphate is very much like the sulphate of quinia, but some of the other salts resemble those of cinchonidia. Its chief characteristic as stated by Mr. Whiffen, is its action on polarized light. It rotates the polarized ray to the left more powerfully than quinia, or than any of the alkaloids of cinchona, and therefore he proposes to distinguish it as "ultra-quinine." It has not been separated in any considerable quantity as yet, and nothing seems to be known of its therapeutic value. From its apparent position in the scale of the cinchona alkaloids, it should not be inferior to quinia.—*Dr. Squibb.*

"Hazeline" as a Local Application in Irritable and Inflamed Piles.—During the past few months I have given a somewhat extended trial to the new extract of Hamamelis Virginica, called "hazeline." As a local application in irritable and inflamed piles situated at the margin of the anus, where the remedy can be readily applied, I have never met with its equal. In most of the cases submitted to the treatment, the relief was immediate and permanent. My plan has been to have the part bathed in the solution three or four times a day, and a piece of lint dipped in it kept applied to the anus during the intervals. All urgent symptoms have passed away, as a rule, in from twelve to twenty-four hours.—*Braithwaite's Retrospect.*

SCIENTIFIC ITEMS.

The Agricultural Ant of Texas.—The existence of ants who carried on some of the processes of agriculture was known as far back as the time of Solomon, as proved by the well known passage in the Book of Proverbs, in which he praises their exceeding wisdom, and bids the sluggard to consider their ways; but as investigations of the habits of European ants led to the discovery that they none of them make provision for winter use, for the good reason that as they hibernate they do not require to do so, it came to be believed that Solomon had only adopted a popular fallacy; modern research has, however, proved that, after all, Solomon was correct, for there are two species inhabiting the countries bordering upon the Mediterranean that harvest seeds, and now we have from the other side of the Atlantic a full description of the mode of life and operations of farmer ants.

Mr. McCook, a Presbyterian minister of Philadelphia, provided by the liberality of his congregation with time and means for careful investigation, records that the *Pogonomyrmex barbatus* of Texas carries on what may be well and justly called "farming" like a true backwoodsman. As soon as a new colony is founded, the settlers proceed to clear the ground. This they do by biting through the stems of the grasses, allowing them to wither, and then pulling up the roots, and having cleared a circular space varying in diameter from one to ten feet, according to the strength of the community, this is afterwards kept free from all growth save of one particular species of grass, the seeds of which form their favorite food. It has been surmised that they sow the crop, but Mr. Cook's investigation failed to establish the proof of this; but they do not rely solely on the produce of their own clearing, but make diverging roads—in some cases upwards of 60 feet in length and 2 inches in width—into the surrounding jungle, and send out foraging parties in search of various grass seeds. These are borne home and deposited in their subterranean dwellings, the work being carried out from early morning till sunset, but with a rest of some hours during the heat of the day, when the busy workers retire under ground for protection from the sun's rays.—*Dru. Circular.*

Flowers in Sleeping Rooms.—The London Lancet makes the following remarks on the practice of keeping flowering plants in sleeping apartments:

The public are again warned against the use of flowers in sleeping apartments; and wonderful stories are told of the deleterious effects which have followed their presence in a limited atmosphere respired by invalids. Curiously enough, these appalling "instances" of the evil influences of plants do not for the most part apply to flowers. Nevertheless, we agree that it is safe to banish growing plants and flowers from bedrooms. They can do no good, and they may do some harm, if only by rendering the air of the apartment irritating to the delicate lining membrane of the

breath organs. We are not disposed to endorse or accept the charge brought against plants and flowers generally, but it is well to err on the side of prudence; and although it cannot be denied that these embellishments form most pleasing objects for the eye, this advantage must be sacrificed, if, as alleged, they are injurious. There can be no doubt that some plants give off noxious emanations, and others may scatter particles which prove irritating; but are all vegetable growths thus injurious? However, as we have said, it is well to be over cautious. So flowers and plants must needs be banished, though we part with them with unfeigned reluctance.—*Drug. Circular.*

Pulmonary Gymnastics.—Dr. D. F. Powell, of LaCrosse, Wisconsin, writes to the New York Medical Record, as follows: "Ten years ago my chest measurement during full-forced inspiration was thirty-seven inches. By systematically inhaling and distending the air-cells as recommended by Niemeyer (and Smith, in the Record of October 29, 1881), I have increased chest measurement to forty-four inches, and have wonderfully developed the pectoral and intercostal muscles. I write this to warn those who may adopt pulmonary gymnastics against inspiring air at too low a temperature, as I have on several occasions suffered from acute bronchitis, brought on by the forced inhalation of 'raw' cold air. I find that deep inspirations of pure air, at a temperature of from 60° to 80°, are of marked benefit in nearly all incipient lung diseases. I also freely use air medicated with carbolic acid, tar, iodine, bromine, nitrate of potash, etc., as indicated, and believe that no other treatment equals it as a remedial agent."—*Ibid.*

Milk to Extinguish Petroleum.—The first impulse of the inexperienced is to throw water upon burning kerosene oil, but the oil, being lighter than the water, rises upon it, and the only result is to make the fire spread. Several cases have recently been reported in the Metal Worker, where milk has proved an efficient extinguisher when every other means had failed. It may be doubted whether the well watered milk that reaches city tables would answer. The question also arises whether it would not be well to put a little milk in our lamps on filling them, so if they happen to explode, or are broken by a fall, the milk will be there, ready to act at once, without waiting for the milkman to come around.—*Boston Journal of Chemistry.*

Effects of the Electric Light on the Eyesight.—M. Nodier mentions in the Revue Scientifique, December 10, 1881, the instance of two naval officers, who, after some experiments with the electric light, were attacked with quite serious visual troubles; there were marked photophobia, slight conjunctivitis, lacrymation, contraction of the iris, and flying spots in the eyes.—*Drug. Circular.*

A German patent has been issued for a bottle made of twelve per cent. of silicum, which is said to resist the strongest acid. It is also recommended for the iron plates of zinc and iron galvanic batteries.

PRACTICAL NOTES AND FORMULÆ.

Aloes for Piles.—Dr. Fordyce Barker advocates the use of aloes in hemorrhoids. The following formula is proposed by him:

R Pulv. aloes soc. } aa ʒj,
 Saponis castil. }
 Ext. hyoscyami. ʒss,
 Pulv. ipecac. grs. v.
 M. Ft. pil. No. xx. Sig. One morning and evening.

When the patient is anæmic he adds to the above 20 grains of the sulphate of iron. A popular and very useful aperient in piles is a combination of equal parts of the bitartrate of potassium and sulphur, given in milk. Sulphur internally exercises a most soothing influence on the inflamed tumors, more than can be fairly attributable to its aperient action. In those who have, or are predisposed to have, hemorrhoids. Dr. Barker recommends the following:

R Magnesiae sulph. }
 Magnesiae carb. } aa ʒss.
 Potass. bitart. }
 Sulph. sublim. }

M. Sig. From a teaspoonful to a tablespoonful of the powder in a wine-glass of sugar and water before breakfast. This powder produces a soft evacuation, without pain, even when the tumors are inflamed.—*Bulletin.*

Styptic Colloid.—The Chemist and Druggist (London) says that the following will instantly coagulate blood, forming a consistent clot, under which wounds will readily heal:—

Collodion. 100 parts.
 Carbolic acid. 10 parts.
 Tannic acid. 5 parts.
 Benzoic acid. 5 parts.

Mix the ingredients in the above order.—*Med. and Surg. Reporter.*

Ergotine in Pharyngitis.—The Revue Mensuelle de Laryngologie, indicates a therapeutic method which may give good results in cases of chronic pharyngitis, complicated by exaggerated enlargement of the pharyngeal veins, and muco purulent secretions. It advises the use of—

R. Ergotine. grs. xv.
 Tincture of iodine. ʒj.
 Glycerine. f ʒ viiiss. M.

To be liberally applied, twice a day, on the pharynx, by means of a brush.—*Med. and Surg. Reporter.*

Mild Tonic Bitters.—

Gentian root:.....	1 ounce.
Cardamom seed.....	$\frac{1}{2}$ ounce.
Tincture of fresh orange peel.....	2 to 4 drachms.
Alcohol.....	$2\frac{1}{2}$ ounces.
Simple syrup.....	2 ounces.
Water, sufficient to complete.....	1 pint.

Mix together the tincture, the alcohol, and five ounces of water, and with the mixture moisten the gentian and the cardamom previously reduced to a coarse powder. After twenty-four hours' contact, pack the drugs in a percolator, and exhaust them first with the alcoholic menstruum and then with enough water to complete fourteen ounces of percolate. Add to this the syrup, and filter through paper.—*Drug. Circular.*

For Syphilis.—Hydrargyrum and iodide of potassium for tertiary syphilis:

(A.)

R	Hydrarg. bichlor.....	gr. j,
	Potass. iodid.....	℥ij,
	Tr. cardam. co.....	} aa ℥ij,
	Tr. gentian.....	
M.	Dose, one drachm.	

(B.)

R	Hydrarg. bichlor.....	gr. $\mathfrak{j}\frac{1}{2}$,
	Potass. iodid.....	\mathfrak{z} ij,
	Tr. cardamom. co.....	\mathfrak{z} ij.
M.	Dose, one drachm.	

(C.)

R	Hydrarg. biniod.....	gr. ss,
	Potass. iodidi.....	\mathfrak{z} j,
	Syr. sarsap. co.....	\mathfrak{z} ij.
M.	Dose, one drachm three times a day.— <i>Drug. Circular.</i>	

Herpes Zoster.—Dr. Boardman, in Buffalo Medical Journal, reports a case of this disease cured promptly by the following prescription. A good combination, doubtless, but too strong to use upon an extensive surface—

R	Carbolic acid.....	\mathfrak{z} ii,
	Ol. oliv.....	\mathfrak{z} i.

Signa: Rub well on the parts two or three times daily

Kelly's Tonic—

R	Tr. nucis vomica.....	f. \mathfrak{z} ij,
	Acid. nitromuriat. dil.....	f. \mathfrak{z} iiij,
	Tr. cinch. co.....	f. \mathfrak{z} jss,
	Tr. gent. co.....	ad f. \mathfrak{z} iiij.

Dose, two drachms, in water, three times a day.—*Drug. Cir.*

Macdonald on Carbolic Acid in Whooping-Cough.—Dr. Macdonald (Edinburgh Medical Journal, 1881, p. 1094) says that on extended trial he finds carbolic acid, in doses of one-fourth of a minim to a child of six months, one-half minim for a year, and one minim for two years and upwards, to be the best remedy for whooping-cough. The whoop goes; the vomiting ceases; the paroxysms are modified in intensity and frequency. This result Dr. Macdonald believes to arise from an action similar to that of creasote on the motor fibres of the vagus of the stomach, and from a lowering of vitality of the specific germ of whooping-cough diseases. This points to the antiseptic treatment of the zymotic diseases generally.—*London Med. Record.*

* **The Use of American Ash Bark.**—This agent is said to be very efficacious as an absorbent and deobstruent. It acts with special reference to the uterus. It attacks the benumbed or torpid vasc-motor nervous system, arouses it to new vitality, acts mildly but persistently in its secondary effects upon the absorbents, thus gradually reducing size, and bringing the uterus back to its normal condition. The time of cure varies from six weeks to three months. The wine should be taken in drachm doses before each meal. It yields its virtues only to a light wine, not exceeding 18 per cent. of alcohol.—*Therapeutic Gazette.*—[A good formula for using this drug in enlarged spleen and hepatic engorgement is:

R. Wine of American ash..... ℥iv.
Iodide potassium..... ʒjss. M.
Teaspoonful three times per day.—*ED. RECORD.*

Hamilton's Tonic.—

R Strychniæ sulph..... gr. viij,
Cinchonidiæ sulph..... ʒi,
Tr. ferri chlor..... ʒvj,
Syr. zingiberis..... } aa ʒxvj.
Acid. phosphoric. dil..... }

Dose, one teaspoonful three times a day.—*Drug. Circular.*

Anti-Rheumatic Mixture.—(Mistura Antiarthritica.)

R Potassii iodidi..... ʒv,
Vini colchici sem..... ʒj,
Tr. cimicifugæ rac..... ʒij,
Tr. stramon..... ʒss,
Tr. opii camp..... ʒjss.

M. Dose, ʒi. three times a day.—*Drug. Circular.*

Effervescing Mixture.—(Dr. Draper.)

[No. 1.]—R Acidi citrici..... } aa ʒiv
Ferri et quiniæ cit..... }
Aquæ..... } aa f. ʒij.
M.—Syr. limonis..... }

[No. 2.]—R Potass. bicarb..... ʒiv,
Aquæ..... ad ʒiv

M. One fluid drachm of each in two drachms of water, to be mixed at the time of taking.—*Drug. Circular.*



EDITORIALS AND MISCELLANEOUS.

SOUTHERN MEDICAL COLLEGE COMMENCEMENT.

The third Annual Commencement of this institution took place at DeGives opera house, Atlanta, Georgia, on the evening of March the 1st, 1882. The audience was very large, and composed of the best citizens of the city. The ladies were out in unusual numbers, presenting a splendid array of life and beauty; the music was exquisite, and the entire scene one of rare interest and attraction.

The class of graduates was arrayed in two divisions upon the stage with the Faculty in the centre. The exercises were opened with a fervent and eloquent prayer by the Rev. Henry McDonald.

DEAN'S REPORT.

Dr. W. P. Nicolson, Dean, read his annual report to the Board of Trustees, touching the prospects of the Institution, in which was stated that the session now closing had been more prosperous financially and otherwise, than any previous one, giving great promise of the fulfillment of the designs of the founders, in establishing a great, leading, central medical school in Atlanta. The Institution is now well known over the entire country. The number of matriculates the present session was 124, representing the following States: Georgia, Alabama, South Carolina, Florida, Tennessee, Mississippi, Virginia, Maine, Texas and Arkansas.

The report alluded to the Hospital enterprise which had been inaugurated by the Ladies' Hospital Association and a house and lot purchased and donated to the Southern Medical College, and which failed to be in readiness for the present session as had been promised, on account of a bill of injunction filed by a few citizens in the immediate vicinity of the hospital building who, though friends to the college and the hospital enterprise, objected to its being in their immediate proximity. The injunction was successfully resisted by the Hospital Association and the Faculty and set aside, but too late to put the hospital in full operation for the present session. The hospital building is now undergoing thorough repairs, and the hospital will be in full operation on or before the first of September next, and the profession may rest assured that no effort will be spared to push forward every improvement and facility essential to the demands of the highest medical education.

CONFERRING DEGREES.

Rev. A. J. Battle, LL. D., president of Mercer University, and a trustee of the Southern Medical College, then conferred the degree of Doctor of Medicine upon the following graduates, to-wit:

Georgia—J. C. Beauchamp, L. T. Boatright, J. D. Bowers, L. H. Cartledge, G. W. Clower, M. W. Coffee, J. B. Courson, G. W. de LaPerriere, I. G. Dorris, J. A. Price, F. A. Rauschenberg, J. T. Roan, W. F. Robertson, G. L. Sawyer, W. H. H. Peek, C. B. Sewell, J. H. Sims, J. N. Smith, G. C. Spearman, W. D. Vinson, M. H. White, B. T. Wise, S. J. Ellis, J. P. Gwyn, I. N. Huffaker, A. R. Jones, Dock Long, R. B. McCants, T. P. McElreath. H. F. Coleman, G. E. Jones, of Alabama. T. M. Beaty, J. W. Mitchell, of South Carolina. J. H. Young, of Virginia. W. T. Foute, of Tennessee. W. J. Hannah, of Florida. B. F. Bradbury, of Maine.

AD EUNDEM LIST.

G. M. McDowell, Robert Harper, Pleasant Wilson, C. S. Strother, of Georgia; William Hawkins, C. S. Webb, J. M. Hundley, of Virginia; F. A. Bizell, J. H. Banks, of Mississippi; O. N. Bradbury, of Maine.

The graduates came forward separately as they were called, gracefully bowing as they received their diplomas at the hands of the Dean. During this exercise the audience was greatly animated, and numerous bouquets were showered upon the happy recipients, and rounds of applause given, the ladies participating.

ANNUAL ADDRESS.

Dr. Battle having first formally conferred the degrees in Latin, then addressed the audience extemporaneously for a half hour in an easy, graceful and eloquent manner. He alluded first to the rapid development and remarkable success of the Southern Medical College, passing high compliments upon the Faculty. He spoke in glowing and eloquent terms of the nobility and high mission of the medical profession. Medicine, as a study, embraced many collateral branches of science—physics, chemistry, geology and astronomy constitute the ground work and basis of the profession, and when these with psychological science were conjoined, then the grandest results were to be expected. Gladstone truly said that medicine will be the profession of the future. The Doctor's remarks upon the beneficence of the profession, and its good deeds, scarcely second to the ministry, and like to that of the great Physician Himself, who went about doing good, were truly eloquent, and well calculated to impress his hearers with new and exalted views of the beauty and nobleness of the medical profession. His remarks upon the importance of cultivating a love for science and for all truth, and of keeping well up with the progress of the age, were well timed and appropriate. And his allusions to the unseen universe of knowledge, and to the God of nature, and to the fact that in honoring the profession, we should not lose sight of the Creator whom we must honor and adore as the author of all truth and of all good, were forcible, eloquent and impressive. The entire address, at which we have scarcely glanced, was among the best we have ever heard on any similar occasion, and was listened to with profound interest and attention.

THE VALEDICTORY.

The address of the Valedictorian of the class, Dr. J. H. Sims, was then delivered, in which the young man did himself much credit. He spoke in high terms of the ability, kindness and indomitable energy of the Faculty; of their high-toned, honorable and ethical methods of conducting the school; of the deserved success and growing prospects of the Institution, and of the duty of the Southern profession and of Southern students to patronize the Southern Medical College. His farewell remarks to the class were touching, and his praise of Atlanta and her citizens invoked the hearty applause of the audience.

AWARD OF PRIZES.

After the valedictory the Dean presented the Faculty prize of \$75.00 in gold for the highest proficiency at the final examination, in all the departments, which was awarded to Dr. B. F. Bradbury, of Maine.

The second prize of \$25.00 in gold was awarded to Dr. John H. Young, of Virginia.

Honorable mention was made, in this connection, of Dr. Geo. C. Spearman, of Georgia. The contest between these three was exceedingly close.

Prizes were then awarded by the several Professors for the best examinations in their several branches, as follows:

By Professor Nicolson—A case of instruments to Dr. B. F. Bradbury, for the best examination in Anatomy.

By Professor Hobbs—An opthalmoscope to Dr. Geo. C. Spearman for the best examination in Diseases of the Eye, Ear and Throat.

By Professor Roy—drug case to Dr. Geo. C. Spearman for the best examination in Materia Medica.

By Professor Johnson—A case of Surgical Instruments to Dr. John H. Young for the best examination in the Theory and Practice of Surgery.

By Professor Bizzell—An apparatus for testing urine to Dr. John H. Young for the best examination in Chemistry.

By Professor Crawford—A gold medal to Dr. J. C. Beauchamp for the best examination in Clinical and Operative Surgery.

By Professor Owens—A drug case to Dr. Geo. C. Spearman for the best examination in the Principles and Practice of Medicine.

By Professor Word—A drug case to Dr. L. H. Cartledge for the best examination in Physiology.

By Professor Powell—A gold medal to Dr. John H. Young for the best examination in Obstetrics and Diseases of Women and Children.

Each Professor, on presenting his prize, made a short and appropriate address to the recipient, which added greatly to the interest and variety of the occasion.

The benediction, pronounced by the Rev. T. R. Kendall, concluded the programme.

The impression made by the exercises was highly favorable to the present standing and future growth and prospects of this new and rapidly rising Institution.

THE AMERICAN MEDICAL ASSOCIATION

Will assemble the present year at St. Paul, Minnesota, on the first Tuesday in June, next. A large representation is anticipated, especially from the South.

THE GEORGIA MEDICAL ASSOCIATION

Will meet the present year in Atlanta, on Wednesday, April 19. All necessary arrangements will be made for the proper reception of the Association by the local profession of the city. It is hoped there will be a full turn out from all sections of the State.

WM. R. WARNER'S POCKET DRUG CASE.—The beautiful red Morocco Drug Case presented by the Professor of Physiology as a premium for the best examination in that branch at the Southern Medical College Commencement, was from the House of Wm. R. Warner & Co., Manufacturing Druggists, Philadelphia. It was filled with *parvules*, kindly sent for that purpose, by that excellent House. These *parvules* have proven a great convenience to practitioners who have tried them, being reliable as to purity, neat and beautiful in appearance, and in such minute fractional portions that the dose may be graded to any desired quantity without the trouble of compounding. Armed with these beautiful sugar-coated *parvules* the practitioner need not fear offending the most fastidious stomach, and can compete with the homeopath in respect to neatness and attractiveness of his remedies. We have for some time been using these *parvules*, and have found them not only a great convenience, but safe, reliable and efficient in action.

DR. C. L. REDWINE—WHOLESALE AND RETAIL DRUGGIST.—This gentleman has resumed the drug business in Atlanta. His experience as a Druggist, his polite and accommodating manners, his kind and affable disposition, and his great energy, will soon bring to his house a large and active trade. He is just opening up a splendid establishment at 21 Marietta street. His stock is large and varied, and the interior arrangement of his store beautiful and attractive, evincing great skill and taste in the selection and display of his goods. See his advertisement in this Journal.

PATENT AND TRADE MARKS.—Attention is invited to the advertisement of Messrs. Parke, Davis & Co., in relation to the injury threatened public, professional and scientific interests by the abuse of the law relating to patents and trade marks. The advertisement will be found interesting and instructive. Messrs. Parke, Davis & Co. not only defend their house against assaults unjustly made, but define intelligibly what is meant by trade marks, and the true object and intent of the law relating to the same.

DR. SQUIBB is issuing a pamphlet entitled an "Ephemeris of Materia Medica, Pharmacy, Therapeutics and Collateral Information." We have the second number. Others are to be issued irregularly as may suit the author's convenience. Although gratuitously distributed, they contain matter of interest and instruction to the profession.

RECEIPIED.

1881.—Drs. M C Baldrige, L G Hardman, M P Dradwyler, J M Strong, G B Battle, T J Brasher, R D Lucius, John Riches, I F Dorroh, Cochran & Kirkpatrick.
 1882.—Drs. J F Davis, S W Eaton, C H Jones, J W Baker, J B Meadlock, T J Jones, J M Covington, J O Sanders, Powell & Sills, A G Smythe, L S Brownlee, Thos A Cook, Louis Hadden, D B Hamilton, T S Parrham, J R Wilson, R E Hutchins, M J Luster, T E Morris, L B Sparkman, B F Duke, Jno H Pool, F C Davis, M E Demaret, C M Gibson. To Oct., 1882, Samuel Pool; to March, 1882, J M Earl; to March, 1883, W P Shelley; to October, 1882, I W Buddeke.

SPECIAL NOTICES.

THE art of sugar-coating pills so as not to impair their solubility, but to preserve the composition, keeping it soft and plastic, has acquired for **Messrs. Warner & Co.**, a world-wide reputation. Physicians may rely upon the purity of the drugs used, and upon the mathematical nicety in which their pills, "granules," and "parvules" are divided. Every doctor may be his own druggist, and at the same time save himself the drudgery of it by using **WARNER'S** preparations. A bottle of Quinine Pills recently sent us by this firm satisfies us that this form is fully maintaining its reputation.—*North Carolina Medical Journal, July, 1879.*

PARKE, DAVIS & CO.—This house stands among the very best in our country as Druggists and Manufacturing Chemists. Enterprising, active and energetic, their large and extensive business continues to increase, both at home and abroad. Their preparations of every kind are put up with great care and exquisite taste, and in respect to business character and reputation this house holds a very high and enviable position.

Listerine.—Dr. J. W. Singleton, the ex-president of S. W. Kentucky Medical Association, thus speaks of this valuable antiseptic in a late number of the *Louisville Medical News*: "I have used **LISTERINE** in several diseases in which carbolic acid and other antiseptics are commonly prescribed, and I must say, with great satisfaction. As an antiseptic alternative, internally administered, I consider it a very valuable therapeutic agent. In chronic ulceration of the nasal passages (catarrhal or otherwise), the listerized solution, by injection, spray, or brush, is a most excellent remedy."

"In the suppurative stage of Burns and Scalds, I have had the most pleasant and happy effects to follow its use. I think **LISTERINE** well worthy of adoption by the profession generally as the remedy in all cases in which carbolic injections are usually ordered, for, in my humble opinion, it really has all the virtues of carbolic acid, with none of its poisonous evils and dangers."

Nervousness Resulting from Intemperance.—We have found **CELERINA** exceedingly valuable in the treatment of nervous headache, nervous exhaustion, nervousness resulting from intemperance. Men, and sometimes women, come to us trembling and apparently exhausted, all from the effects of intemperance. Such cases are approaching delirium tremens. **CELERINA** is the most appropriate prescription we can give them. A few doses of bromide of potassium may be given, alternated with the **CELERINA**, at first; but after this, for permanent effects, we depend upon the **CELERINA**.—*American Medical Journal.*

Buffalo Lithia Water.—These waters stand deservedly high, especially in urinary troubles. In Gravel, Rheumatic and Gouty affections, they are excellent; and in the various forms of indigestion, they are very efficient. In diseases of the excretory organs, especially in affections of the skin, they have been found very effectual. See advertisement in this Journal.

BEDFORD ALUM AND IRON SPRINGS.—The advertisement of these Springs may be seen in another part of this Journal, and should be carefully read. The Editors have tested its virtues. It is an excellent remedy in hæmoptisis, or as an anti hæmorrhagic in any case, especially of a passive character. As an injection in gleet, gonorrhœa, leucorrhœa, etc., it is highly useful. As a gargle in ulcerated sore throat it is very efficacious. In chronic diarrhœa it is often useful, and given in small doses, in the night sweats of phthisis it has been found an excellent remedy.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the **ELLIOTT**. Doctors that do the same thing get the standard article. Send for circular to A. A. DELLIER, 709 Washington Avenue, St. Louis, Mo.

JOHNSTON'S FLUID BEEF is an article that can be safely recommended as a concentrated natural agent. We have tried it in low states of the system and found it an admirable article. In the diarrhœas of infants, wherein the child is taken from the breast, and is dying of inanition, a little of this fluid beef has been known to support the child and save life. Try it.

HYDROLEINE.—The advertisement of this valuable preparation may be found in this Journal. As a substitute for Cod-Liver Oil in lung affections it is likely to have a fine run. The formula is published upon the labels, and will at once impress any practitioner in its favor, as well adapted to consumption and other wasting diseases.

T H E

Southern Medical Record:

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All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XII. ATLANTA, GA., APRIL 20, 1882. No. 4.

ORIGINAL AND SELECTED ARTICLES.

SOME REMARKS AT AN EYE CLINIC.

BY A. G. HOBBS, M. D.,

Professor of Diseases of the Eye, Ear and Throat, in Southern Medical College,
Atlanta, Georgia.

REPORTED BY J. C. BEAUCHAMP, M. D.

January 2d, 1882. John Sammonds, male, æt. 26 years; occupation, a farmer. History: Nineteen years ago had sore eyes, which seemed to be rather intractable, and was not cured. We have now in this case trichiasis, entropion, and as a result of this condition of things, pannus. This has produced considerable softening of the cornea, and bulging of its coats.

This trouble was brought about by the long continuance of the conjunctivitis, resulting in hypertrophy of the lid, from infiltration and cell proliferation of the connective tissue. The lid as well as the eye-lashes became inverted, and by continual rubbing over the cornea produced pannus. This man can only see to read print as large as the heading of the Constitution. Now the practical question is, how shall we relieve our patient? The indications are to restore the lid and eye-lashes to their proper position. By so doing, we remove the source of irritation to the cornea, and the pannus will

then get well of itself. The operations for the relief of this condition, practiced up to a recent date, have not proved very satisfactory in their results. The operation usually resorted to for the relief of trichiasis has been epilation of the hairs. This, while it may relieve the pannus, leaves the patient with an unsightly baldness. For the relief of the entropion, it has been recommended to dissect a crescent-shaped or wedge-shaped piece of skin from the upper lid, and bring it together with sutures.

This method of operating does not result, generally, in a permanent cure. I shall perform an operation on this man, first suggested by Dr. Hotz, of Chicago, in 1880. I assisted at the first operation of this kind performed in New York. Have made the operation myself only six times.

It consists in removing an elliptical piece of the integument of the upper lid and dissecting out the orbicularis muscle down to the upper border of the tarsal cartilage. Now you will see by its bluish color that I have reached the cartilage—be careful here, gentlemen, in the use of your knife, because the conjunctiva is very close, and is easily cut through.

I shall now bring the edges of the wound together with fine black silk sutures, but in doing so you will notice that I take a middle stitch. Now watch where the needle enters as I take this middle stitch—for here lies the point in the new operation—it dips down and passes through the upper border of the tarsal cartilage before it pierces the integument on the opposite side. You will see as I draw the knot that the edges of the skin are pulled tightly down on to the cartilage. This tarsal cartilage is the purchase by which the contracting cicatrix turns the edges of the lid and the lashes back to their normal position, (I might almost say *abnormal* position, in this man's case, since the lashes have been turned under the greater part of his life.)

You will see I have made four sutures. We will order cold water dressings to keep down any undue inflammatory reaction, and remove the threads on the fourth day.

As the hour is up, we will make the operation on the other eye on next Thursday.

P. S.—At the present writing, April 3, the patient's lids and lashes are in a perfectly natural position; scar scarcely perceptible, and the pannus is nearly all cleared away. He reads ordinary print at eight inches, and, with a minus glass, sight is good for reading at eighteen inches. His myopia is due to the elongation of the eye-ball, from the protrusion of the cornea.

VARIOLA AND VACCINIA.

BY T. B. GREENLEY, M. D., OF KENTUCKY.

As there has, recently, been a great deal said, pro and con, about vaccination as a small-pox prophylactic, I thought I would offer a few words as to my own observations in regard to the matter, as they have been decidedly in favor of vaccination.

Twenty-five years ago I was called to see a negro boy, four years old, who was afflicted with small-pox. His father, a deck-hand on a steamboat, took varioloid and was sent to the pest-house in Louisville for treatment and isolation. Before entirely well, he made his escape from the institution, and visited his wife in Bartlett county, this State, who was owned by a Mr. Samuels. She was the mother of the boy above alluded to. The father, on leaving the hospital, took his old over-coat with him to his wife's house, and she made a pillow of it for the boy to sleep on, at the foot of the bed. In two weeks from that time he broke out with small-pox. On account of the ignorance of the family respecting the character of the disease—none of them ever having seen a case of small-pox, or even suspecting any opportunity the boy may have had for taking it—I was not sent for until the disease had made considerable progress.

When I visited him he had been sick several days—the eruption being in the vesicular stage, ready to enter the pustular state. His face was greatly swollen, the eyes nearly closed, and the disease assuming the confluent condition. As soon as I entered the door of the cabin, where the boy was in bed, I announced to those present that it was a case of well developed small-pox. This announcement, of course, produced quite a shock to the family, and great alarm. There were fourteen in the family, including whites and blacks, and none of them had been vaccinated. The mother of the master of the house was nearly seventy years old. I fortunately had some vaccine matter with me, and called them all up and vaccinated them. The mother of the sick boy had a sucking baby, six months old. I now quarantined the cabin of the patient, and ordered no one to enter, save the mother, who was to act as the nurse, and of course had to take care of her child.

Not knowing, as before remarked, that the boy was afflicted with such a terrible disease as small-pox, all the members of the family had been in the cabin every day to see him. Even when they sent for me they did not know the nature of his trouble. In due time, fortunately, all the family, except the nursing child, be-

came under the influence of the vaccine matter. In common parlance, they all *took* finely, and there was not a symptom of variola or varioloid manifested in any of them except the baby.

On account of my great apprehensions of the spreading of the disease, I took the precaution to put the family on a close dietary regimen, from which fact, no doubt, the case of the child proved to be quite mild. The boy and child both got well.

The happy result growing out of the immediate vaccination of this family scarcely needs any comment. It not only prevented the further development of the terrible scourge of small-pox, but also allayed the great consternation which was prevalent in the neighborhood.

Another instance of the immediate good effects of vaccine occurred at my house in 1864. My brother-in-law, Dr. Hall, of Maryland, was on a visit to me, when a neighbor doctor called on him. This neighbor physician had just left a small-pox patient, without having changed his clothes; and just thirteen days after this visit Dr. Hall broke out with variola. Of course the danger in this instance was not near so great as in the previous one, as I recognized the disease as soon as the eruption made its appearance. I immediately vaccinated all who had been in the presence of Dr. Hall, and not one had any symptom of small-pox.

About all the objections urged against vaccination by those who are opposed to its practice, are the alleged cases of constitutional diseases which have been charged to its account. It may be possible that syphilitic and tuberculous diseases may be contracted in this way, but I should judge, from all the evidence that can be obtained from reliable data, the cases resulting in this way are very few.

But, even admitting all that the anti-vaccinationists charge against it to be true, we should rather blame the vaccinator than the vaccination. In the first place, it is the duty of the physician, or party who vaccinates, to select his matter from children whose family history give no evidence of hereditary or constitutional disease; then there can be no possible danger resulting from vaccinating with it. But suppose a scab is taken from a child who is possibly affected with some constitutional disease, it does not follow that the matter introduced into the arm of another child should reproduce the trouble. It is a known fact that if the blood and dermoid tissue that may be contained in the scab be excluded, and the virus proper be only used, that there can be no possible danger resulting from its use. The disease, if any exists, resides in those portions of the scab above alluded to. I think all careful

physicians who practice vaccination, will use only the virus proper, contained in the scab, and exclude all other elements.

As respects bovine virus, I do not think the same objections could be urged, as against the humanized matter, as most of it that is used is taken from the pock in a fluid state, which necessarily is pure, even if the animal should be diseased. The only way in which disease could be communicated from bovine matter, would be from the scab, and improperly used. Of course it is the duty of all proprietors of bovine stables to select perfectly healthy animals from which to procure vaccine virus.

I presume all who have had much experience in vaccinating, have had more or less trouble during epidemics of erysipelas. I have been compelled to desist from vaccinating in two epidemics on account of erysipelatous inflammation setting up in the little wound. But it cannot be said that this character of inflammation was due to impure virus, as any surgical operation, however slight, would be affected likewise. I well remember (thirty-seven years ago) that epidemic erysipelas was so great in the Louisville hospital that no surgical operation could be performed with safety. Even vaccination or leech-bites would be followed by erysipelas.

Of course all these things are vehemently urged against vaccination by those who oppose it. But is it reasonable to charge such evil results to the account of vaccination when properly performed with the proper kind of matter? It would be just as rational to say that opium and other powerful drugs should be excluded from the *Materia Medica* because some have committed suicide with them, or have been poisoned by their injudicious administration. Or, to say that ovariotomy should not be performed because a patient now and then dies from its effects. It is not intended, or proper, for anybody and everybody to practice vaccination, any more than it is to practice medicine or perform surgical operations.

Qualification should be made essential in the performance of anything involving life and health; and if the people permit every ignoramus who may present himself, to either vaccinate them or prescribe and give them medicine, they should bear the consequences without complaining. It should not be expected of one unacquainted with the use of a tool to know how to handle it, no more than it is for a layman to prescribe and administer drugs properly.

When we take into account the great annual mortality that resulted from epidemic small-pox throughout the world previous to the discovery of vaccination, and the small amount from that cause since it has been practiced, the arguments of the anti-vaccination-

ists make but a poor showing. I think it might be asserted without hesitancy, that, if properly performed, with pure virus, either bovine or humanized, vaccination is not only a sure protection against small-pox, but not at all deleterious to the general health.

Admitting these premises to be correct, and I think they cannot be successfully controverted, does it not seem strange that any one, even Mr. Bergh, *himself*, should endeavor to destroy or abate a means so grand and beneficent in its results, and so simple in its use?

Were I asked the question, who hath conferred, through his genius, the greatest boon upon our race; not only from the ranks of our own profession, (full of noble deeds and grand discoveries) but of the world at large? I would answer unhesitatingly, William Jenner.

As to the durability of vaccination, as a prophylactic against variola, it has not been fully determined by the profession. But it is advised by all to repeat vaccination every few years, and especially when small-pox is prevalent. It has been frequently proved that even imperfect vaccination is to some extent a protection; and the more marks one has the better is he protected. If a person who has been even imperfectly vaccinated takes small-pox, his chances for recovery are 40 to 50 per cent. greater than if he had not been vaccinated.

It may be that some persons are protected much longer than others. From the time I was vaccinated up to the time I attended my last case of small-pox, there had intervened a period of about forty-three years; during which time I had not been re-vaccinated. But I would not advise any one to take the same risk. I agree with a majority of my professional brethren, that everybody should be vaccinated whenever small-pox is in their vicinity.

TRADE-MARKS AND COPY-RIGHTS.

BY R. L. HINTON, M. D., OF ARKANSAS.

Messrs. Editors Southern Medical Record:

"A moment's reflection must convince many physicians that the interests of the medical profession are seriously hazarded when physicians consent to prescribe and promote the general use of every proprietary pharmaceutical candidate armed and helmetted with trade-mark and copy-right exclusiveness that forces itself into their presence—while the immense resources of the open ma-

teria medica are always at hand to meet every indication of disease."

I take the above extract verbatim, from an article in the *Pharmaceutical Gazette*, by George B. Swayze, M. D., of Philadelphia, (rather from the *Therapeutic Gazette*, Nov. No.), which strikes me very forcibly, from the fact that I have so frequently met with physicians, who are prescribing and using these patent nostrums in their practice, recommending them to me, and seemed to be even surprised that I was not using them—supposing, of course, that I am behind the times or not fully posted, to say the least. Well, I may not be fully posted, but I have this to say—that if a physician cannot meet the indications of disease with a judicious selection and combination of the remedies found in our materia medica, with whose properties he ought to be well acquainted, he certainly is going it blind, when he prescribes a compound, not knowing himself of what it is composed, or what to expect from its use, further than what he reads on the label, or in an almanac. The responsibility of a physician is, in my estimation, too great, to be shifted off in this way.

VARICOSE VEINS OF THE LEG.

BY B. F. DUKE, M. D., OF MISSISSIPPI.

Dave G—, colored farm laborer, æt. 35, had his hand and arm severely torn by a gin-saw last November, from which he was forced to lie in bed about five weeks. During this time he had the good fortune to recover from a most distressing case of varicose veins of the leg, which had, for some time resisted treatment.

I had ordered a rubber bandage, intending to give it trial, but did not receive it until after the wound was inflicted by the gin. It was then kept firmly applied from toe to knee. Though I am satisfied that the cure was due mainly to the decubitus forced on the patient; and that had he been able to have pursued his daily work on the farm, the bandage, though a valuable auxiliary, would have been a failure, and the case continued one of those hopeless ones so often met with.

I have delayed reporting this case, which was one of great interest to me, expecting a recurrence, but up to this time there is no sign of it, though the man has been at hard work for two months.

INFORMATION WANTED.

Messrs. Editors Southern Medical Record:

I wish to ask one or two questions, and will be pleased to receive replies from any source capable of answering them.

A neighboring practitioner, waiting upon a woman, in labor, two children were born in due course of time, it is supposed: One of which it is said did not take the proper color, (*said to have been of a purplish color.*) cyanosed I suppose, was cold and did not breathe well.

The attending physician is said to have given calomel: the child survived but a few hours, probably six or eight, not twenty-four as I am informed. Without going into any detailed history of the case, the supposition is that it was true cyanosis. If so, what was the object in giving the calomel?

In another case, a would-be surgeon was consulted or called to see a case of false ankylosis of the knee, after rather long confinement in the treatment of a fractured femur, in a hysterical habit. It was in early winter, the patient occupied a close, warm room, doors and windows closed all the time, large open fireplace, with good wood fires, the patient on a good mattress or bed, generally covered with from ten to twelve quilts, blankets and coverlets: the whole time being enveloped with no less than two, and from that to four doubles of moderately thick flannels. About the first direction was to enclose the knee with several bats of wool in addition to what has been already named. And for some time that was probably all he did. Taking the case as stated, what benefit was likely to occur, or what was the object of the treatment?

These cases are not hypothetical, and are not offered for amusement, but to elicit candid replies, and further to show that the ignorant midwife, who extracted a dead fetus from a suffering woman, with a pair of smith's tongs, when there was no other assistance within reach, is not to be held up to scorn and obloquy, whilst the country is overrun by a class of men, who are supported and forced to the front rank of the profession, to the exclusion of worthy and meritorious members, who will not condescend to pander to the whims, prejudices, and vices of the ignorant and malicious; but sacrifice their popularity, both professional and personal, to say nothing of their pecuniary interest, to maintain the standing of the profession.

A. G. SMYTHE.

Baldwyn, Miss., 20th March, 1882.

CASE OF ABORTION WITH RETAINED PLACENTA.

CASE 1st. June, 1877, Mrs. A., aged 28, mother of two children, supposed herself to be near three months pregnant in June, 1877; one evening while visiting a store in vicinity of her residence, in some manner fell into an opening in the street which had been carelessly left open by some employees of the city, who were repairing and repaving the streets; her cries brought some assistance, and she was helped home; during the night she had some discharge of blood and mucus with severe pains at times which grew worse as the morning came. Dr. F. O. Donnally, now deceased, then living opposite my residence, was summoned to see her. By the time Dr. Donnally reached his patient she had aborted. The fetus was awaiting his arrival, also the larger portion of the placenta, all of it, the doctor thought at the time, and so informed his patient that she would soon be all right; but from this time until August, a period of almost two months, his patient kept losing large amounts of blood; one day she was about, the next in bed, the doctor still being engaged in giving her drugs, until, as he informed me afterwards, he had given ergot and every astringent in the materia medica a fair trial.

My acquaintance with the case commenced on an excessively hot night in August, 1877, when I received a hasty summons from the doctor asking my assistance in the case. Upon my arrival there, a little after midnight, I found the woman had been having a severe hemorrhage during the afternoon and evening, which was continuing to some extent in spite of all the doctor's efforts; her pulse was 150; temp. 103½; cold sweats over her body, breathing rapid, pain over the uterus and vicinity; in fact, her general condition was alarming. Upon consultation we determined to explore the cavity of the uterus; chloroform was administered, and she was kept under the influence for over forty minutes. Upon making a digital examination I found the os dilated and dilatable, and after some slight efforts I succeeded in introducing two fingers into the cavity of the uterus, where I detected a foreign body attached to the anterior wall of the uterus, midway between the fundus and internal os, and as my fingers were considerably cramped for the want of room, it was with exertion upon my part that I was enabled to detach the mass in two pieces, one the size of a walnut, the other about the size of a peanut. After the removal of the mass I used my finger-nails as a curette, and scraped the uterine walls at the place of adhesion. The vagina and uterus were then syringed out with a weak solution of carbolic acid; at once the hemorrhage ceased; the patient rallied from the effects of chloroform nicely. I only saw this patient for two or three days following the removal of the retained and adherent placental mass, but her physician, Dr. Donnally, informed me that she had considerable metritis for ten days, but under the continued use of carbolic acid, injections of opium and quinia internally, she made a good recovery without any more hemorrhages.

CASE 2d. April, 1881, was called to see Mrs. B., a woman of the age of 40 years, of rather a fine physique, although somewhat

anæmic in appearance, had several children, the youngest living being a young woman aged 17 years. My patient informed me that she had been regular until about fourteen months previous, when "she lost her period" for a month, and when they came on her again at the end of the second month she had considerable hemorrhage, and passed some clots of blood. From that time until I was called to see her, a period of nearly twelve months, she had been losing a great amount of blood, not only during her regular menstrual period, but often in the interval. All this time she was still going around and attending to her household duties. Her family physician was sent for several times, during the twelve months, but, as my patient said, always made light of it, saying it was the "change of life working on her," prescribed for her, and would not return again unless sent for. To me, while she presented as specified before a somewhat anæmic appearance, I could hardly credit her account of the immense loss of blood which she had at times lost. She also complained of headache and intense pain in the back. Upon a digital examination I found the os dilated and dilatable, but not enough to introduce my finger any distance without causing some pain, so for the time desisted. Prescribed ergot grs. xxx. and kali bromidi grs. xv. four times a day, and absolute rest in bed until I should see her again within the next two or three days. Just at this time the loss of blood was slight, but she informed me that just a few days previous she had an "immense" hemorrhage, that being the immediate cause of my being sent for. Two days after my seeing her I was sent for in a great hurry to see Mrs. B. again, but not being at my office at the time, it was over an hour after the message was received before I arrived at my patient's house, and found her almost in a collapsed condition, pulse hardly perceptible at the wrist, lips blue, extremities cold, and a cold sweat in large drops all over the body; in fact I found my patient as I thought in an alarming condition, the cause of all this being a hemorrhage of the most serious character, the evidence of the same being on the floor, having been in such quantities as to pass through the bedding. I found the bleeding going on to some extent, which I soon controlled by ice in the vagina, and ergot and brandy by the mouth and hypodermically, after which I tamponed the vagina with Monsel's sol. of iron diluted with water, on cotton. Two days afterwards, there being no hemorrhage in the interval, I removed this tampon and made another digital examination, and found the os much more dilated than on a previous occasion. With this examination I detected a foreign body in the cavity of the uterus, but could not get a hold of it with my fingers. I introduced Howard's bivalve speculum, and with a long pair of placental forceps I removed a putrid and offensive mass about the size of a small lemon in the aggregate. Again introducing my finger into the uterus and satisfying myself all had been removed, syringed out the uterine cavity and vagina with a weak solution of carbolic acid, tamponed the vagina again, gave my patient grs. x. of quinia and i. gr. of opium, and ordered absolute rest for a few days. In a little over a week she was attending to her usual duties, minus some of the heavier work; has

been regular ever since, and with the exception of a slight malarial attack in August, has had no need of medical attention since. No hemorrhage took place after the removal of the foreign body, and from that time the intense pain complained of in the back also disappeared to a great extent. My diagnosis in the case was a retained placenta from an abortion which took place over a year before.

CASE 3d. Was called to see Mrs. C., September, 1881, her history being as follows: Age 18, married four months. Two weeks previous to my being sent for, while washing, was taken unwell (she considering herself at this time to be about three months pregnant) large clots passed, and she went to her bed, when she had quite an extensive hemorrhage. Some hours after this a medical man of questionable repute was called in to see her, examined her, called again the next day, told her she was all right and could get up and go to work. She felt comparatively well for two or three days subsequent to this, and did resume, to some extent, her domestic duties, then had a considerable loss of blood, accompanied with some pain, which continuing, I was sent for. Upon making a digital examination found the os dilated, some tenderness in the left iliac region, pulse 100, temp. $101\frac{1}{2}$, with a discharge of an offensive nature from the vagina. I prescribed for her opium, grs. $\frac{1}{2}$; quinia, grs. iij., every three hours, and absolute rest in bed. The next day examined with bivalve speculum, and with my fingers and long forceps removed from the uterus without much trouble several pieces of retained placenta, amounting in the aggregate to a large walnut. The uterine cavity and vagina were syringed out with a weak solution of carbolic acid for the next three or four days, and the opium and quinia continued in small doses. Within a week I discharged my patient, enjoining upon her to take all the rest possible until after her next menstrual period, and left her a tonic consisting of iron and quinia. Was again called to see her about one month afterwards, found her menses upon her, accompanied with pain, especially in the left iliac region; opium and rest were again ordered, and within a day or two all these unpleasant symptoms passed away; from then until the present time she has had no further trouble.

CASE 4th. Was called out of bed one morning in June, 1881, to see Mrs. D.; found my patient to be a large and fine-looking Irish lady, with an alarming hemorrhage from the uterus, which I soon controlled with ergot and ice in the vagina; she informed me that she was about 30 years of age, the mother of several children, all dead but one; had a miscarriage about fourteen days previous, being then nearly four months advanced in pregnancy; the abortion took place before her family physician arrived, although he had been sent for early, but was delayed in his arrival. She was kept in bed for a week, then her physician who, by the way, is a well-known one, assured her that everything was all right, advised her to resume her usual duties, although Mrs. McN. assured me that she kept insisting to the doctor that the after-birth had never come away, but she said he laughed at her, and wanted to know "who knew best, him or her." So in this manner she was silenced, and,

as mentioned before, resumed her usual duties, feeling no bad effects whatever until the morning when she had the hemorrhage, which came on her without any exertion on her part, or without any premonition of its appearance. After the hemorrhage was under control, upon an examination, I could feel the uterus through the abdominal walls, being very much larger than it ought to be in the non-pregnant state, feeling very much like a womb does after delivery at full term. Absolute rest and ergot were ordered for my patient; two days afterwards was again called out of bed to see her, and found another extensive hemorrhage going on, which I soon controlled as before, with ergot hypodermically and by the mouth, and ice in the vagina with cotton. On the following day removed the same, and found there had been considerable bleeding; introduced a bivalve speculum, and with a short pair of forceps and fingers I made my diagnosis of retained placenta, and removed several small pieces, but she complaining of pain and exhaustion, I desisted from my attempt for the day. Recognizing that I would need some assistance in the case, I called on my friend, Dr. J. H. Scarff, who responded early next morning, and on the fourth day after the hemorrhage she was placed in Sims' position, chloroformed, and Dr. Scarff and myself alternated in removing the placenta, it being done by introducing the hand into the vagina and finger or fingers into the cavity of the uterus, and removing the placenta (which we found firmly attached to the walls of the uterus) in pieces. Judging from the amount of placenta removed, I would suppose the woman as right in believing herself four months pregnant when the abortion took place, and why this large placenta escaped the notice of her medical attendant is beyond my comprehension. After the removal of the placenta the parts were syringed with a weak solution of carbolic acid and the vagina tamponed, but from this time there was no more hemorrhage, but within thirty-six hours a severe chill occurred, followed with high fever, the temperature being $105\frac{1}{2}$, pulse 150, and my patient had a severe attack of metritis and cellulitis, and she was alarmingly ill for two weeks, but thanks to about 800 grs. of quinia and nearly a drachm of opium, taken during the time of her illness, she made a beautiful recovery, and has recently expressed to me that she was free from pains and aches, and had better health than she had had for years.

From the report of the cases under consideration (my line of treatment having been often mentioned) I make it an axiom: in retained placenta, with hemorrhage or not, remove the cause and treat the symptoms as they arise.

From my own experience with these and other cases coming under my notice, I have been impressed with the following facts:

1st. Their frequency.

2d. That a hemorrhage with a dilated and dilatable os, as a rule, means a foreign body in the cavity of the uterus.

3d. That in opium and quinia we have almost a specific (if given in proper doses) in controlling inflammation of the uterus and its appendages, setting up after operative interference with the same.

4th. That in the fingers we have a valuable instrument in removing the foreign bodies from the cavity of the uterus.

5th. The wonderful recuperative powers of woman after the loss of an immense amount of blood.

6th. As long as we have a dilated os, medicated injections into the cavity of the uterus are harmless, and in them we have a valuable aid in the treatment of the class of cases under consideration, especially subsequent to the removal of the retained placenta.

In conclusion, I would say that if I have succeeded in impressing on the minds of the members of this society the necessity of watching their patients after abortion, especially if there is a suspicion of retained placenta, this suspicion being verified or not before discharging them, either by digital or other forms of examination; I say sir, if I have succeeded in doing this, one of the main objects of my paper has been accomplished.—*Dr. Wilmer Brinton, Independent Practitioner.*

PHYSIOLOGICAL ACTION OF YERBA SANTA.

Dr. Briggs: Mr. Chairman, I have a few notes of a case involving the physiological action of yerba santa. It is not a very clear and definite case; still there are some important facts connected with it, and as yerba santa is a somewhat new remedy, we may as well make note of them. A patient whom I have seen from time to time in the last two years—a stout woman 50 years of age, sanguine, plethoric—happening to be suffering from some cough, went to an apothecary store, and speaking to the clerk, he very kindly gave her a bottle containing the extract of yerba santa. The prescription was:

R	Ext. of yerba santa.....	3 iv.
	Syr. tolu.....	3 iss.
	Liquor potass.....	gtt. xv.

She took only a few tastes of the bottle when she received it. But on the night of the 20th of January, on going to bed, her cough worried her very much, and as the bottle was nearly full, she thought to make sure she had better take a good deal of it, and she took at one draught all the bottle contained.

Dr. Pollak: Did she take it all?

Dr. Briggs: Yes, sir. There were two or three drachms of extract of yerba santa in the bottle, and she took it all. This was to relieve the cough, it must be remembered. At half past 5 o'clock in the morning, a woman who was sleeping in the same room with her got up, and this person observed her turning over and concluded she was awake and going to get up at once.

The room-mate arose, dressed herself, and went out. At 7 o'clock she returned, and found the patient lying in a heap near the end of the room, in a very constrained posture, her head bent down with a sharp twist of the neck.

There was a flood of urine on the carpet, and also in the bed. She was in a house where they are accustomed to take care of the

sick, and the alarm being given, she was found to be without breath or pulse. They raised her, opened her mouth, forced some brandy down her throat, and put her feet in hot mustard water. The treatment was followed, almost immediately, by a return of the pulse. If she had not been discovered, she would have died very quickly indeed. In 30 minutes she had recovered sufficiently to answer "yes" and "no." I saw her about 8 o'clock in the morning, and at that time, you will observe, brandy had been administered to her and the mustard application made, and she had been put back to bed and was warm. I found her face red. There was no convulsive action. Her mouth was firmly set, but it was not twisted to one side. When I spoke to her, she answered me almost at once, she knowing my voice. She had a full pulse then; it was 80; there had been no vomiting. Judging from this strong pulse, red face, and relapses into stupidity, that there was some congestion of the brain, I gave at intervals two bread pills containing a drop of croton oil each, and also a mustard enema. They told me she would partially recover consciousness and speak to them, and then she would relapse into unconsciousness with the firm setting of the mouth. In falling she had injured her eye and bruised her shoulder, which kept her confined for a little while, but she recovered very kindly indeed. She could talk connectedly by 10 or 11 A. M. She remembered that she had taken the medicine, and that she had a desire to urinate. After that came a blank, until she revived after the brandy, and was conscious of her friends about her. It was probable that the taking of the drug was followed by sleep and stupor. The desire to urinate was so strong that it partially roused her. She did not remember getting up, and probably did so almost automatically, beginning to discharge urine before she left the bed. The bladder seems to have been very full, perhaps owing to the drug.

She got out of bed, and had fallen in consequence of the loss of nervous power occasioned by the action of the drug; then the constrained position in which she fell, combined with the action of the cold—for the weather was very cold—stopped the functions of the heart and lungs, and would have caused her death if it had not been for the timely aid she received. The redness of her face may have been from the drug, or may have been from the brandy only. The record then is, that she took three drachms of extract of yerba santa and recovered.

Dr. Ford: This prescription was used as an anti-spasmodic, was it not, to relieve cough?

Dr. Briggs: The idea was that it would reduce the irritation of the mucous membrane. I think that was the theory the clerk acted on in giving the prescription.—*Proceedings St. Louis Medical Society.—St. Louis Medical and Surgical Journal*, April, 1881.

Astringent Cotton Tampons, saturated with a solution of glycerine, alum and carbolic acid, are recommended in treatment of uterine displacements, in place of pessaries, stems, etc.—*Monthly Review*.

THE PHYSICAL AND THERAPEUTICAL ACTION OF ERGOT.

In the March number of the New York Medical Journal and Obstetrical Review Dr. Etienne Evetzky, of New York, concludes the publication of his Joseph Mather Smith prize essay on ergot. Although dealing mainly with the physiological and therapeutical actions of the drug, the author gives a comprehensive account of the history of the different varieties of ergot, their botanical relations, their microscopical structure, and their chemical composition; the methods of their production, collection, preservation, and preparation for medicinal use; the relations of ergot to other remedies, etc. In comparing the action of ergot with that of a number of other excito-motors of the organic muscular tissue, an arbitrary group of which, the author thinks, ergot may be taken as the typical representative, he remarks that strychnia is most closely allied to ergot in its effects, the main difference being that strychnia acts with far greater energy on the spinal motor centers of the voluntary muscular tissue.

Digitalis is distinguished by its predominant stimulating action of the heart. The chief difference between the action of ergot and that of Calabar bean lies in the early occurrence of a paretic state of the voluntary motor apparatus after doses of the latter drug that are not quite toxic. Atropia and nitrite of amyl are mentioned as antagonistic to ergot. For hypodermic administration we may use the extract, the fluid extract, or sclerotic acid, diluted in water, with or without the addition of glycerine or alcohol, which latter substances, the author thinks, do not improve the solution in the least. The solution should always be clear, not too old, and should be made somewhat alkaline if the injections are particularly painful. The solution should invariably be injected into the muscular tissue, and it is well to begin with small doses.

The therapeutical applications of ergot are considered under five heads:

1. Disorders of the circulation and diseases of the organs of circulation.
2. Paretic conditions of the organs composed of organic muscular tissue, the circulatory system excepted.
3. Inflammatory and other morbid enlargements and growths.
4. Abnormal secretions.
5. Symptoms referable to the nervous system, and depending chiefly on circulatory disorders within it.

In regard to contra-indications to the use of ergot, it should be used with extreme caution in patients with an enfeebled heart. Pregnancy is not an absolute contra-indication. The use of the drug should be suspended during the menstruation, unless it is given for some special condition of that function. To avoid disturbing the digestion it is best to give the drug by the rectum or hypodermically.

The remainder of the article deals with the special diseases in which ergot seems capable of effecting good results.—*Louisville Medical News.*

CODEIA.

BY J. B. GARRISON, M. D., WILLIAMETTE, ARK.

This alkaloid of opium has been overshadowed by its congener, morphia, to such an extent that it has been, in my opinion, entirely too much neglected by the profession. A medicine possessing such decided properties, as to its influence on the nervous centres, certainly deserves a much more extended notice than is accorded to it in *the books*. Very similar to morphia in its characteristic of anodyne, it possesses advantages over the latter which might wisely be taken into consideration in many cases when there is an indication for the prescription of either.

The following is a succinct statement of the comparative relationship of codeia to morphia, physiologically and therapeutically considered, according to my observation :

I. Codeia is a greater cardiac stimulant, as indicated by the force and volume of the pulse.

II. It is a more powerful diffusible stimulant, elevating the temperature and exciting the capillaries. Large doses produce intense itching with an erythematous redness of the skin, thereby indicating its use in all internal congestions, save, perhaps, those of cerebral or spinal origin.

III. It does not check the secretions to such an extent as morphia; it is therefore indicated when it is desired to avoid locking up the liver, constipating the bowels, or lessening expectoration.

IV. It is greatly less dangerous than morphia; no lethal dose having been recorded, yet so potent an agent should necessarily be exhibited with due caution. Its comparative safety recommends its use in infantile therapeutics where morphia is so rarely tolerated.

V. It is *never* followed by the intense nausea which so often contra-indicates the use of morphia; and frequently no unpleasant after-effects are noticed, referable to its exhibition.

VI. There is less danger of the induction of the opium habit, from repeated doses, than is the case with morphia, which should be a matter of serious consideration in making a choice between the two.

The sulphate is the form I usually prefer, being more soluble. The dose is about double that of the sulphate of morphia, but it may be increased with safety to a much greater extent than the latter; the objection to large doses being the excessive itching it produces, together with the intense erythema, both of which disappear coincident with the elimination of the medicine. It is an excellent *adjuvant*, in combination with other anodynes, such as chloral, the bromides, hyoscyamus and Jamaica dogwood, adding to their efficiency and modifying their action desirably.

In almost all cough-mixtures, of which morphia or opium is usually a component element, it can be substituted advantageously.—*Western Medical Reporter*.

ABSTRACTS AND GLEANINGS.

Sexual Abnormalities.—Dr. Ellis, in Baltimore Medical Association (Maryland Medical Journal) reported a case of congenital absence of uterus and vagina.

Dr. Ashby referred to a case in which there was no uterus; the ovaries were present. The lady had been married for several years and was well formed and handsome, with perfectly developed breasts. She was not aware of her deformity. The vagina was represented by a cul-de-sac about $1\frac{1}{2}$ inch long.

Dr. Browne referred to two cases in which post-mortems had been obtained. The first, reported by the late Prof. Thomas R. Brown, had a mere cord in place of a vagina. The rudimentary representation of a uterus was discovered with the aid of the microscope. She had had the menstrual molimen regularly and vicarious menstruation. She was married—intercourse taking place through the urethra.

The second case occurred in the practice of Dr. Peaslee, who exhibited the specimens before a medical society. Battey's operation was performed in this case. A few muscular fibres were found representing one horn of the uterus.

Dr. Monmonier had had a case also of congenital atresia, not discovered until after marriage. The breasts were perfectly flat. Coition could not be affected, and the result was separation and divorce.

Dr. Stewart referred to two cases of atresia—one in a colored woman at the almshouse, in whom, at her own most urgent solicitation, an attempt was made to open a passage to the uterus. It was a most bloody operation, but was not successful. In another similar case a lady went to Edinburgh, was there operated on, and died in consequence.

Dr. Price related the following: A beautiful young lady, in a family whom he attended, became the object of the affections of a gentleman; his attentions were discountenanced by the parents, who were aware of her sexual malformation. The suitor being importunate Dr. P. was requested to make an examination with a view to informing the gentleman of her actual condition. He found a rudimentary penis, about one inch in length and the size of a goose-quill, through which she urinated. Beneath this little teat in the situation of the vulva there was no depression, nor even any sign of mucous membrane, the parts being smooth and covered with skin. The breasts were well developed; the voice that of a female—she sang beautifully. There were no testicles. There was evidence of the possession of erotic feeling. The mons veneris was well formed. Dr. P. informed the suitor of the result of the examination; he was nearly heart-broken by the news, and gave up business and moved away.

Dr. Johnston reported the following: He had been asked by the late Prof. E. Lloyd Howard, to see a case of apparently a young man, aged about nineteen. He had an effeminate look and weak

voice, and dressed as a boy. This individual had come to learn his sex. A thorough examination was accordingly made. The mons veneris was distinct and covered with hair. There were apparent corpora cavernosa, and underneath these an aperture which communicated with the bladder. Under the aperture was a short cul-de-sac. No uterus was detectible. In each groin there was a gland-like body, believed to be a testicle. The conclusion arrived at was the individual was a male, and the explanation of the appearances found was traced in abnormalities of the fetal development. Early in fetal life the sex cannot be determined—the clitoris and penis being alike. *If the two sacs holding the testicles remain separate, these organs may or may not descend. The spongy portion of the urethra and glans penis were absent in the case cited. The cul-de-sac might have been an excessively developed utriculus. This individual had passed for a girl up to the age of 18—associating constantly with them, and even *sleeping* with them. He even had long hair. At the age specified a thin beard began to show itself, when he cut off his hair and assumed the male attire. He had gone previously by the name of *Ann*; hence, to avoid unpleasant surprises, and at the doctor's suggestion he was baptized by the name of *Andrew*.—*Maryland Medical Journal*.

Quinine.—1. In the present state of our knowledge there are two modes in which antipyretic remedies may be conceived to operate: first, by increasing the discharge of the pyrexial heat; secondly, by checking its production.

2. The quantity of heat discharged may be augmented by direct withdrawal (tepid water), or by facilitating the circulation through the skin (digitalis, cutaneous irritants).

3. The production of heat may be lessened by repeated cooling of the surface, and especially by the internal use of antizymotics.

4. Febrile diseases commonly owe their origin to the introduction and rapid development of substances akin to ferments. Several of these have been shown to resemble yeast in being low vegetable organisms or derived from such organisms. They enter the glands, where they undergo multiplication, increase the metabolic process, generate products of decomposition which exert a paralyzing action on the nervous system, and raise the standard of temperature throughout the body.

5. Owing to impaired action of the heart in certain stage of the disorder, or to contraction of the cutaneous vessels, the skin becomes anemic and gives off less heat than usual. The internal temperature rises accordingly.

6. Quinine, our chief antipyretic, acts by directly combatting the efficient cause of the disorder, and by checking the abnormal metabolism going on in the body. The nervous system takes no part or only a secondary part in this operation. In intermittent fevers quinine prevents the paroxysms by attacking their infective cause. The paroxysms are not the essence—the substantive element—of the disease; they are only a symptom of it. The substantive element is the poison deposited in the colorless corpuscles

of many organs, especially the spleen. There are fevers without paroxysms and paroxysms without fever. It is just those intermittent fevers which run their course without paroxysms that are the most malignant. The malarial poison rapidly causes disintegration of the tissues and the blood, and so paralyzes the nerve-centers.

7. The reduction of acute splenic tumors by quinine depends upon the adverse influence exerted by the alkaloid on the infective poison to which the morbid over-action of the spleen and its consequent enlargement are. "*Cessante causa cessat effectus.*" Even a healthy spleen may be reduced in size by large doses of quinine; the alkaloid vigorously checking the oxidation of its principal elements, the colorless corpuscles. Quinine has no direct influence on the vaso-motor nerves.

8. Quinine attacks the malarial poison with especial energy; on this fact depends the so-called specific action of quinine in intermittent fevers. The same relation, but in a minor degree, subsists between quinine and the infective poison of enteric fever, between mercury and iodine and the poison of syphilis, between salicylic acid and the "irritant" in acute articular rheumatism.

9. An antipyretic which in one disease instantaneously arrests the fever may be wholly powerless in another. The difference depends on the fact that the various antizymotics act very unequally upon the individual *schizomycetes* and ferments; one will paralyze rapidly, by another they will hardly be ejected.

10. The past history of the therapeutics and recent achievements in the domain of etiology and pharmacology entitle us to assume that by persistent scientific inquiry and practical observation we may succeed in discovering a specific antidote for every species of infective or septicemic malady.—*Prof. Binz, at Medical Congress.*

Coated Pills.—Of all the different methods of making pills tasteless by means of coating, the sugar and gelatine coating has been found to be the best. It has been said that pills must be dried out to allow a coating of sugar, and that is partly so; but drying out is necessary to keep the pills from spoiling and moulding. Suppose pills are coated while soft, they must be dried out *after* coating, else they will spoil and cannot be kept in stock.

If the coating of gelatine has to be done by means of needles, pills cannot be coated if they are hard, and therefore *must* be coated while soft, but must be dried out *after* coating; while pills to be coated with sugar can be dried out *before* coating, and thus do not need any drying out afterward.

If pills would be kept in stock without having been dried out, they would become mouldy and would spoil. We can have pills which remain soft and do not become mouldy, but such pills have been made by adding grease to the pill-mass. If the proper excipient has been used, hard pills may dissolve quicker than soft ones.

To prepare a pill-mass properly for making pills in large quantities, without resorting to means which should not be used, a long experience is required. Of such pills to be found in the trade,

which have been properly prepared according to theory and practical experience, we should mention the pills prepared by W. R. Warner & Co., of Philadelphia.

These pills are soluble, can be kept in stock without spoiling, and are always of the same nice appearance and uniformity.—*Aptheker Zeitung*.

Diagnosis Wanted.—On Thursday, September 8th, I was called on by B. W. (aged 73). I found him suffering, as I thought, with simple diarrhœa. I left appropriate remedies, called next day, found him apparently well. Was sent for again on Saturday. The diarrhœa had returned; the stools were liquid and greenish in color, and there had been some vomiting, but very little pain; pulse 68, and temperature slightly elevated. Prescribed a simple diarrhœa mixture and ordered spice plaster to the stomach.

Was called at 3 a. m. Sunday. Vomiting all the time, stomach would hold nothing; diarrhœa excessive; pulse 106; temperature not much elevated; no pain. Tried to allay the vomiting, but did not succeed. Used opium and starch enemata, and succeeded in partly checking the diarrhœa, but could do nothing with the vomiting. At 9 a. m. he appeared slightly better, vomiting only when disturbed, and bowels comparatively quiet. Had him to suck ice, and kept on with the injections of opium and starch, and spice plaster externally.

Made arrangements to consult with Dr. H. at 6 p. m., but was sent for again at 5; found him in a state of collapse; had been that way for three hours. Gave whisky in small doses frequently till 6 p. m., when Dr. H. arrived. He advised the administration of whisky in heroic doses. We gave him large doses 'till 9 o'clock, but could make no impression. At 9:10 he vomited freely, pure bile, and again at 11, and kept on with whisky till 12. Even this appeared to have no stimulating effect, and patient died at 2:15 a. m.—*Monthly Review*.

[There is reason to believe that there are rare instances in which the liver secretes an acrid, poisonous bile which produces emesis and violent cramps and colics, and in some instances death. In such cases the diarrhœa should not be checked, but a purgative treatment adopted to assist nature in throwing off the acrid matter.—W., Ed. RECORD.]

The Disadvantages of Cod-Liver Oil for Young Children.

—According to the *Revue Medicale*, the Council of Public Health has recently submitted for the sanction of the Academy of Medicine of Paris a report on the disadvantages of cod-liver oil administered to infants and young children. The commission on the hygiene of infancy has not yet reported its opinion on this subject; but the accusations brought against this medicine by the Council of Hygiene are worth notice. All physicians are aware what disastrous influence is exercised on the health of young infants by defective administration, and especially animal nourishment; fatty matters are as little suited to the alimentation of newly-born infants as albuminoids, excepting always casein, which

exists normally in milk, and is found to be perfectly assimilable. In fact, in the first period of life, the juices necessary for emulsifying fatty matters are almost entirely wanting. The liver, in spite of its enormous development in this stage of existence, secretes only a small quantity of bile; and the researches of Langendorf and Zweifel have proved that, in young children, pancreatic juices and emulsive power is almost nil, or, at least, very slightly marked. These physiological considerations sufficiently indicate that—far from being profitable to the infant—fatty matters, and especially cod-liver oil, can only injure its health, and gravely compromise the integrity of its digestive functions.—*British Medical Journal*.—*Medical Weekly*.

Sabal Serrulata—Saw Palmetto.—This plant, a native of Georgia, Florida and South Carolina, has within the past few years been brought prominently before the physicians of this city and State by Dr. James B. Read, and owing to so little having been written about it, or on its medicinal properties, it is hardly known beyond the borders of Georgia as a most valuable remedial agent.

- The preparations are various, the "Saccharated Oil," "inspissated juice," and the "Elixir"—its taste is sweetish and butyric. The "Saccharated Oil (a sugar)" is a pale canary color and very light in weight: the inspissated juice, about the consistency of malt, and the Elixir resembles clear or amber colored syrup. All of these preparations are of a very pleasant flavor, and I may say palatable, so much so that little children and nervous women take any of them with ease.

Among the medical properties and uses of the Saw-Palmetto I find prominently its soothing effects on the mucous membranes, producing a very pleasant sensation on the throat and fauces, relieving soreness, hoarseness, coughs, catarrh, coryza and colds in the head; encourages sleep by its soothing sensation—if taken for any length of time it increases weight and produces fat.—*Dr. Myers, in Monthly Review*.

A New Method of Treating Endometritis.—Dr. S. S. Boyd, of Dublin, Ind., in a communication to the American Practitioner, for October, 1880, says—

Within three years I successfully treated, by a method original with me, a very obstinate endometritis, occurring in a woman twenty-five years of age, who had been married five years. During all of her married life, until recently, she suffered from a constant flow of muco-purulent discharge from the uterus, with all the attendant symptoms of endometritis. Much of the time she was scarcely able to walk about the house. During the two and a half years which I treated this patient, I exhausted all of what I considered safe remedies, both topical and general, with but little benefit. Finally, I adopted the following plan of applying nitrate of silver to the endometrium:

Taking a small female silver catheter, I had it cut in two, so as to leave three inches of the closed end in one piece. In three-fourths of an inch of this closed end I had as many small perfora-

tions made as could be, without materially weakening the walls of the instrument, and to the outside of the open end a ring was soldered, to which a small cord could be attached. Having on the day previous to that on which I used this instrument introduced into the uterus a slippery-elm tent, retaining it in place by a pledget of cotton wool, I let the tent remain over night. Putting about fifteen grains of coarsely pulverized nitrate of silver in the tube above described, and confining it there by pressing a little cotton on it, I then tied a small cord, six inches long, to the rim, when it was ready for use. Removing the plug and the tent after introducing the speculum, I inserted the silver tube into the uterus, until the distal end reached the fundus, securing it in place as I did the elm tent, leaving one end of the cord outside of the vagina. This was done as a precaution against any serious pain in my absence, in which case the patient could remove the tube. But it was not found necessary to remove the instrument for three or four hours, and then the nitrate of silver was dissolved.

Briefly, the foregoing treatment was that which finally relieved a long suffering patient, in less than six weeks, by four applications one week apart. Of course, I did not neglect to administer iron, sulph. quinia, ale and ext. malt, as I consider constitutional medication in such cases essential to the relief of the local disease.

As this mode of topical application to the internal uterus was tried in but a single instance, no certain deduction can be drawn as to its general adaptation to the cure of endometritis, and yet, from its complete and speedy success in this single case, I am led to hope it may prove a valuable addition to the local treatment of this form of uterine disease.—*Med. and Surg. Rep.*

Nitrite of Amyl in Convulsions.—Dr. Leonard F. Pitkin, of Ravenswood, Long Island, reports the following case in the Medical Record, October 2d, 1880—

Willie R., aged two years and six months, while at play on the morning of August 12th, was suddenly seized with convulsions. I was immediately summoned, and on my arrival I found the child in an unconscious state, one convulsion following another in most rapid succession. The convulsive movements were confined almost entirely to the right side. My first impression was that the convulsions were due to functional derangement of the stomach and bowels, and the usual remedies indicated in such cases were resorted to, but no benefit followed the same. As the child was, in the meantime, rapidly becoming exhausted, and the necessity of doing something to control the convulsions more evident, I resorted to the use of chloroform and ether, but without succeeding in controlling the convulsions. I then used nitrite of amyl by inhalation. Placing four drops on a handkerchief, I applied it to the child's nostrils, and after a few moments had passed the convulsions ceased entirely, and did not occur again till yesterday morning, August 13th, but were immediately controlled by four drops of amyl nitrite, and have not occurred since. A close examination of the patient reveals that the convulsions were evidently due to some cerebral lesion. The cranium is markedly sym-

metrical; pupils unequally dilated, the left being much larger than the right. The head is not abnormally large, but the posterior fontanelle is perceptible, union not having taken place between the bone, and remarkably large, being an inch and a quarter in diameter at its base. There is evidently some serous effusion in the membranes of the brain. Child is now taking—

R Potass. iodidi..... gr. x.
 Brom. potass..... gr. xl.
 Aquæ, } aa ʒ j.
 Syr. rhei,..... }

Sig. Teaspoonful t. i. d.

The child is well nourished; appears strong and healthy. On questioning the mother, I ascertained that she has lost two children, both dying in convulsions, which were like this one. I have used the amyl nitrite in a large number of cases, and, with few exceptions, it has been followed with good results. I usually administer five minims, dropping it into a small sponge, allowing the patient to inhale it. It causes the face to flush, and stimulates the lachrymal glands to a considerable extent. Great care should be used in the administration of the drug, as serious consequences might result from its injudicious use.—*Med. and Surg. Rep.*

Chloral and Bromide of Ammonium in Febrile Delirium.

—Dr. C. H. Hughes (*St. Louis Medical and Surgical Journal*) says:

"An extensive experience with these therapeutic agents in the delirium of fever justifies its confident commendation to the practitioner of medicine; an experience begun many years ago at Fulton, with their use in the delirium of mania, and extended there and elsewhere to a delirium associated with all other forms of disease, from that of typhoid and the exanthemata to delirium tremens and aggravated hysteria. In fact, no drug, in hysteria, equals a full resistless dose of chloral, the patient usually awakening from her "tantrum," refreshed, rested and tranquil in her nerve-centres, which for hours before were all unstable and unstrung.

"The true therapeutic principle in the use of these valuable agents is tranquilization and the recuperation and resistance to decay which the restraint exerted by them brings about. The ammonium bromide for use during the day, and the chloral once only at night. Twenty to thirty grains of the former, *ter in die*, and as small a dose of the latter as will induce sleep at night, and largely diluted with water, milk or beef-tea, the beef-tea being preferable in all typhoid states.

"While large doses of chloral are indicated in maniacal excitement, in febrile delirium only small doses are required.

"To periodically arrest cerebral disintegration in febrile delirium, at the natural time for sleep, is a point gained each day in the direction of restoration, as shown in the often apparent improvement of the patient after each waking, and enables the *vis medicatrix nature* to better fight the battle of life with the destructive disease."—*Med. and Surg. Reporter.*

Tetanus Cured.—Dr. Layton, in the New Orleans Medical Journal, reports a case of tetanus cured with the following prescription :

R Sulphate of eserine..... gr. $\frac{1}{4}$,
 Pure glycerine..... f. $\overline{3ij}$,
 Syrup of orange flower..... f. $\overline{3xiv}$,
 Water..... f. $\overline{3ij}$.

M. S. Teaspoonful (1.64 grain or one milligramme of eserine) every hour. I should say here that I was advised by Mr. Lascar, the obliging Chemist of Messrs. Lyons & Co., to use the solution in glycerine, eserine being so easily decomposed otherwise. Even the short exposure to the air of the salt, during the time required for preparing a dose, is sufficient to cause an increase in weight of the eserine so exposed. Mr. Lascar has remarked that glycerine prevents the decomposition of the solution.

From January 10th, in the evening, the doses of eserine were given at intervals of an hour and a half; later, the time was increased to two hours; the remedy was continued until January 17, when the child had taken, in all, 3 grains of eserine; the prescription was then discontinued, the only remaining trace of the attack being some rigidity of the jaws, which had entirely disappeared by January 30th.

[Eserine or physostigmine is an alkaloid obtained from the calabar bean, and is an agent of great power and should be given with caution.—ED.]

Bovine Lymph.—Dr. Morris, in Maryland Medical Journal, remarks :

First. That the healthy heifer, inoculated with pure, spontaneous cow pox, supplies a vaccine lymph which, when introduced into the human economy, produces all the symptoms to be found in vaccination by human lymph, but in a more marked degree.

Second. That the protection afforded by vaccination with bovine lymph may be presumed to be fully equal to that obtained by human virus, but this fact cannot as yet be proved by statistics.

Third. That the dangers from human lymph are greatly exaggerated, and, if they exist at all, may have a counterpart in the animal economy.

Fourth. That cow pox, transmitted through heifers, is more active and more violent in its effects than human virus, and, if these evidences are a proof of the efficacy of the vaccination, it must afford perfect immunity from small-pox.

Fifth. That, by the use of bovine virus, we can at all times have an ample supply of fresh lymph, a consideration of much weight in the event of an epidemic.

Sixth. As human lymph produces its action on the system at an earlier period than bovine lymph, it would appear to be better to use it in those cases in which vaccination is employed as an abortive agent.

Seventh. That further investigations are necessary to establish the true character of bovine lymph, and it is the duty of the profession to collect and publish all the facts bearing on the subject.

Treatment of Ozæna.—Dr. Cozzolino, of Naples, has recently written a monograph on this subject. He recommends a pomade as follows:—

R. Hydrarg. chlor. mit.....	grs. xxx.
Sodii benzoat.....	3 iiiss.
Sodii salicylat.....	gr. xv.
Thymoli.....	gr. j.
Iodoformi.....	3 j.
Ung. petrolei.....	3 ss.
Acidi tannici.....	gr. j.
Rosar. essentia.....	3 j. M.

This to be applied locally, after detersive injections, by Weber's nasal douche.

He recommends prudence in the application of mercurials, and attaches particular importance to a general anti-scrofulous treatment.

For ozæna from atrophic rhinitis he recommends benzoic acid, certain mineral waters in douches or in powder, such as the water of Saint Christian, justly extolled before him by Dr. Tillot, and that of Casamiciola, etc.

He is no partisan of the tampons of cotton-wool of Gottstein, and prefers to them medicated bougies of gelatine of a form invented by himself—a conical form and 3, 4, or 5 centimeters in length, adapted to the calibre of the nasal fossæ. The object of these gelatinous bougies is that they may remain upon the diseased surface in order to obtain their full action. They are made up with the following ingredients.

1. *Astringent or Anti-catarrhal Gelatinous Bougies.*—Subnitrate, tannate, and salicylate of bismuth, pure tannic acid, sulphate of zinc, and sulpho-carbolate of zinc.

2. *Emollient or Solvent Gelatine.*—Chloride of sodium, chlorate of potash, chloride of ammonium, neutral alkaline carbonates, employed to dissolve the inspissated secretions in some cases of dry rhinitis.

3. *Modifying or Resolving and Specific Gelatines.*—Preparations of iodine and of mercury, as, for example, iodoform, calomel, or red precipitate. For specific cases, the sulphur in herpetic lesions; and corrosive sublimate in syphilitic affections.

4. *Anti-fetid or Disinfecting Gelatines.*—Vegetable charcoal, thymol, salicylic acid, and phenol.

The washing ought always to precede the application of the gelatines and the insufflation of medicated powders. The gelatines are applied alternately in each nasal fossa, especially in the evening. In the morning we ought to introduce the bulb of the nasal douche in the opposite nostril to that in which the gelatine had been applied the previous evening.—*Medical and Surgical Reporter.*

The Danger of Administering Anæsthetics Without Witnesses.—This subject has been written upon time and again, and physicians have been repeatedly warned not to give an anæsthetic to any one, but in an especial manner to avoid using them with females, unless in the presence of witnesses. Yet the advice is unheeded, and every now and then we hear of some unfortunate results from this negligence. This time it comes from the West. An old and prominent physician was visited by a beautiful young lady, for the treatment of some sexual disorder. The lady belonged to the blue blood of the city, while the physician had been her grandparents' attendant, and had for years been the family physician. On one of her visits he informed her that an operation was necessary, and induced her to take some anæsthetic. Subsequently, not improving, she consulted another physician, who told her that she was pregnant. In due time a child was born.

The lady made an effort at concealment, but in a short time brought an action for damages against her old doctor. He publicly denied the charge, but refused to go into court and do so under oath. After a few minutes' deliberation only, the jury brought in a verdict against the doctor, assessing the damages at fifty thousand dollars. The verdict was received with such open manifestations of approval from the judge, as well as the audience, the former publicly shaking hands and congratulating the young lady in court, as to leave no doubt of the sympathy of the public. The case is a sad one; whether guilty or not, this old and established physician has been ruined, socially and professionally, forever.

It should be made a rule, never to be broken, by every physician, when he commences the practice of medicine, to refuse absolutely to administer an anæsthetic to any woman, alone, no matter what the collateral circumstances may happen to be.

Women are peculiar and unreliable, and there is no accounting for the queer notions they may sometimes get into their heads; so that no physician is surely safe from trouble who has passed a period alone with a woman who has been made unconscious by an agent administered to her by him.—*Medical and Surgical Reporter*.

Case of Poisoning by Atropia.—The patient, a small, weak, anæmic child, aged 6, took by mistake, between 8 and 9 in the morning, a teaspoonful of a solution of atropia, 0.05 to 10.0, or about 35 milligrammes (a little more than half a grain). His face soon became flushed, his gait staggering, and his voice hoarse. An hour later antidotes were administered, including tannic acid, iodide of potassium, and injections of infusion of jaborandi. Soon the patient exhibited hallucinations, and became delirious. Seven and a half hours after the dose had been taken, Reinl (*Prag. Med. Wochenschr.*, No. 20, 1880) saw the child, who was restless and unconscious and still delirious, the pulse being 140 and the respirations 30. A hypodermic injection was given of 5 centigrammes of morphia (about three-fourths of a grain), and in ten minutes the pulse fell to 100 and the respirations to 20. The restless movements subsided, and in half an hour the patient slept, the pulse

falling quickly to 96 and the respirations to 18. The following morning, after a good night's rest, the child was quite cheerful, though there remained twitchings of the muscles of the face and extremities which continued three days. [This case affords no proof that morphia is an antidote to atropia. Children are curiously insusceptible to the action of belladonna. Holthouse has recorded the case of a boy, aged 3½ years, who recovered after taking half a grain of atropia; there have been cases of recovery after taking 0.5, 0.6, 1.0, and 1.5 grains respectively. The injection of an infusion of jaborandi could hardly be expected to do any good. It is true that a hypodermic injection of a one-hundredth part of a grain of atropia will instantly check the perspiration and salivation of jaborandi, but the converse is not the case. Atropia is a much more powerful alkaloid than pilocarpin; and in a case of poisoning by atropia recently recorded by Purjesz, of Buda-Pest, as much as 6½ grains of hydrochlorate of pilocarpin had to be administered hypodermically, before any antidotal properties were observed. It is interesting to note the fall in pulse and respiration after the injection of the morphia. It would appear that, although morphia is not an antidote to atropia, it will retard the restlessness and delirium caused by a poisonous dose of that alkaloid.—*London Med. Record.*]

Physicians who do not Read.—Whether they are too busy, or too illiterate, or that they are not yet beyond the influence of their earlier habits and associations, it seems to be a fact, if implicit reliance can be placed on a recent statement in the columns of our cotemporary, the *St. Louis Medical and Surgical Journal*, that scarcely one-half of the 26,000 physicians practicing in the western and southwestern States take a medical journal of any kind. Of these, one-half, it states, take the cheapest medical journal they can obtain, so cheap, indeed, that it will be sent to them whether it is paid for or not. To this sweeping assertion there are numerous and marked exceptions, and we recall with pride and pleasure the names of many excellent members of the profession in those sections who have adorned its practice or its literature by moral and mental gifts of a superior order. There are hundreds, however, who have never studied medicine, attended lectures or taken a medical degree from any school. They have graduated themselves from the butcher's block or the tailor's bench, because they had no qualifications even for those branches of trade; and a few days after deserting a locality which they could not embellish, they have reappeared at some other point, fully licensed as medical practitioners (by their own act), to take the lives of an unfortunate community into their keeping. Is it any wonder that such men do not read a medical journal, or open the pages of a professional treatise, for information which is far above their comprehension!—*Clinical Record.*

Codeia in Dysmenorrhœa, Sleeplessness and Malarial Headache.—**CASE I.** I was consulted by the mother of a young lady of 18 years who, she stated, had suffered with painful menstrua-

tion for the past two years. The pain was so great that she neither got rest nor sleep during her periods. After putting her under a general medical treatment, I ordered opium to relieve the pain, but it disagreed with her sensitive stomach. Morphia was no better, though I used it hypodermically. It was then I decided on codeia, in one-fourth of a grain doses, and had the pleasure of seeing my patient perfectly relieved. Her pain disappeared and a calm sleep was induced. From this happy result I decided to try it on another case, where morphia had played a prominent role, and had failed.

CASE II. A lady 35 years, unmarried, was subject to dysmenorrhœa to such an extent, that she had to keep her bed during four days of her catamenia. I ordered codeia, in one-fourth of a grain doses, morning and evening, with prompt relief.

CASE III. Married lady, 40 years old, complains of distressing pain during her catamenia. About two years ago she aborted at fourth month, and had suffered to a greater or less extent ever since, at her regular returns. Physical examination showed an ulcerated os and an anteflexed womb. While treating the last two affections, I administered codeia to relieve her pains with the same unflinching and pleasant result.

Encouraged by these experiences, I prescribed it in a case of mania-a-potu, and in twenty minutes my patient was calmed, and upon the repetition of the dose he fell asleep.

Again in a case of great exhaustion, in a gentleman who had to take twenty grains of hydrate of chloral, with one drachm of bromide of potassium, in order to obtain an hour's sleep, I ordered one-fourth of a grain of codeia, to be repeated in twenty minutes, and for the first time in two months that gentleman enjoyed four hours of unbroken sleep. I have used it also in the distressing headache that accompanies malarial fever, and always with the most flattering results.—(*College and Clinical Record.*)—*Obstet. Gazette.*

Eczema versus Vaccination.—On page 144 of current volume we reproduce a statement by Dr. Murray, in the *British Medical Journal*, to the effect that vaccination exercises a very salutary influence on the course of eczema as occurring in infants. He refers to his experience in support of the statement, and confidently appeals to medical men of middle age for facts in their practice in further corroboration. So far from deferring vaccination, as is usually done, because of the existence of an eczematous eruption, he regards such existence as an additional reason why the child should be vaccinated.

And now comes Dr. George Thin, of London, (*Edinburg Med. Journal* for December, 1881) who gives a synopsis of the discussion on the subject of vaccinal skin-eruptions before the late International Medical Congress, and supplements the same with his own personal experience, the inference from all of which, viz., that vaccination may develop eczema, raises *inter alia*, a very interesting question in therapeutics. In the discussion referred to Prof. Hardy, of Paris, divided vaccinal eruptions into four kinds—

generalized vaccination, exanthematic eruptions and diathetic eruptions (eczema, etc.) The second of these occur before the development of vaccine, and the last after the development of vaccine, of the vaccine pustule. All practitioners of experience have observed the occurrence of eczema after vaccination, and have probably at times been hard driven for such an explanation as would satisfy the parents as to the purity of the virus.

The debate before the Congress leaves no doubt that eczema follows vaccination with virus which is above all suspicion of impurity, and when this fact is placed beside the statement by Dr. Murray that vaccination is the very best remedy for idiopathic eczema, have we not an illustration of the law of *similia similibus*?—*Michigan Medical News*.

On the Real Position of Rotheln, Bubeola or German Measles.—W. Squire, M. D., London, in Medical Congress, gave a short historical survey of the literature of this disease, and showed that it was known before it received a distinctive name. He said that the disease, in his opinion, had but a superficial resemblance to scarlet fever, but had close relations to measles in several points. But it was self protective, was as distinct from measles as varicella from variola, and possessed all the marks of a specific disease. It was contagious, it ran a definite course, and it occurred but once in the same person.

Dr. Kassowitz, Vienna, said that in the epidemic of rotheln which had come under his observation he had never noticed the affection passing into measles. The resemblance to measles was nevertheless sometimes so marked, both as regards the eruption and the associated phenomena, that in any single case the distinction from the milder form of measles, which ran a rapid course, was rendered extremely difficult, and, in such circumstances, could generally only be made by having regard to other cases in the same house and family. If this affection had any special relationship, it was to measles, not scarlet fever.—*Med. and Surg. Reporter*.

The Alum Plug in Uterine Hemorrhage.—Dr. R. W. Griswold, Connecticut, says:

For the last twenty years my reliance has been on a junk of alum in the vagina. If this is not at hand I take the next best thing that is; but a junk of alum is a part of the contents of my medicine box. It is of the size of a large hen's egg, ovoid in shape, and generally left a little ragged, though without sharp points. Around the middle is cut a groove, about which is tied a bit of strong but not large twine, leaving the ends so that they can hang out of the vagina. This treatment is easy, speedy, and effectual against further hemorrhage. It has never failed me, and I leave a patient with a feeling that she is safe for the next twelve or fifteen hours, so far as danger from further bleeding is concerned. And I may add that I have never had any unfavorable effects follow its use in any one of the scores of cases in which it has been employed—no fevers, no septicemia, no deaths, no anything onward—and I have never had occasion to use it the second time in any one case.—*Western Lancet, San Francisco*.

Antiseptic Inhalation.—Dr. Jos. O. Hirschfelder, of California, (in *Pacific Medical and Surgical Journal*,) says:

We are to search for the remedy for consumption in the form of a volatile antiseptic. No one of greater power than those familiar to us has as yet been found, but a better method of their administration has been discovered and described by Curshmann, of Berlin. He employs a respirator, having a wire gauze chamber filled with cotton, upon which the substance to be inhaled is poured. Since his description of the apparatus it has been extensively employed in Germany and England, and, inasmuch as the reports have been highly favorable, I had the instrument made, with some slight modifications, by Folkers Bros., of this city. The apparatus consists of a mouth piece, in the center of which a wire gauze chamber is found. In this chamber absorbent cotton is placed, and upon the latter the desired remedy is poured. I have employed oleum terebinthinæ, oleum pini rectificatum, creasote, and carbolic acid. The results that I have obtained have been most encouraging. The sputa have diminished most perceptibly and the fever has been markedly reduced under its use.

Explosion of Aqua Ammonia.—The *Pharmaceutical Journal* records a recent case of an explosion of ordinary liquor ammonia followed by serious results. A Belfast woman, subject to headache, sent her daughter to the druggist to purchase a small quantity of "head salts," for which he gave her liquor ammonia, or "spirit of hartshorn," instead of the salt, carbonate of ammonia. The vial was put on a shelf and not used for a few days. Having a headache, the woman lifted the remedy to apply it, and had it in her hand for a few minutes only when the vial suddenly exploded, scattering the contents over her face. Her eye was destroyed, and her mouth and throat burned, the skin of both having been torn off. The vial had been put on the mantelpiece previous to the time it was used, and when about to apply the contents the woman was sitting near the fire.—*American Med. Weekly*.

Prophylaxis of Small-Pox.—Dr. Ellis, after stating that he was now attending a case of small-pox, asked for the best means of preventing its communication from the patient to others with whom he came in contact.

Dr. Taneyhill spoke of the method which he had employed in 1869. He always saw the patients after meals; he talked through a handkerchief whilst in the room, and he always changed all his woolen clothes in an adjoining room before entering that occupied by the patient.—*Maryland Med. Jour.*

Parsley as an Antigalactic.—Dr. Martin (*Bull. gen. de Therapeut.*) states that if the breasts of a nursing woman be covered with parsley leaves freshly pulled, the application being renewed several times a day, as quickly as the leaves fade, the milk will soon cease to appear. This is an application which may be used when it is impossible to give purgatives or other remedies internally.—*Med. and Surg. Reporter*.

SCIENTIFIC ITEMS.

Locusts as Food.—Some writer remarked long ago that, in our warfare against injurious insects, it might be well for us to turn the tables upon them by *eating* them. This has been done in the East, so far as locusts are concerned, ever since the days of John the Baptist, and probably from a much earlier period. A recent writer says: "In Arabia and Northern Africa, locusts are still used as food, and form an article of commerce. The inhabitants usually tear off their wings and wing coverts, and then bake them. *Gryllus lineole* (Fabr.) seems to be the species which is eaten and prepared in the manner above detailed, in Barbary. The natives of Senegal dry another species, of which the body is yellow, spotted with black, and which Shaw and Denon have figured in the account of their voyage in Africa; they then reduce them to powder, which they use as flour. Captain Burton tells us that the black, leather-like variety of locust, called by the Arabs, 'Satan's ass,' is eaten by the Africans, as are many other edibles upon which strangers look with disgust.

"There is some compensation in the circumstance that if the locusts devour the food of man they are themselves a source of food. In Morocco they are collected in sacks by night, and first boiled in salt and water, and then fried. Only the softer part of the body is eaten, much as we eat prawns, which they resemble in taste. They are considered to be wholesome food, and in perfection as soon as the insects can fly."—*Journal of Chemistry*.

The Wonders of Paper.—At the Melbourne Exhibition, held recently, there was a complete dwelling house made entirely of paper, and furnished throughout with the same material. There were paper walls, paper roofs, paper ceilings, paper floorings, paper joists, paper stairways, paper carpets, paper bedding, paper chairs, paper sofas, paper lamp, paper frying-pans, and even the stoves, in which bright fires were kept burning daily, were of *papier mache*, and when the fabricator of this mansion gave a banquet in this dwelling; the table-cloths, the napkins, the plates and cups and saucers, the bottles and the tumblers, and even the knives and forks, were likewise made of paper.—*Journal of Chemistry*.

Canned Meats and Vegetables.—Otto Hener, F. C. S., publishes in the *Lancet* the results of his experiments, both chemical and physiological, upon the occasional injurious effects of canned goods. He says that tin, even when perfectly pure, is far more readily attacked by food matters than is commonly supposed; it is to be found in comparatively large amounts in the overwhelming majority of canned goods, irrespective of the nature of the same. Acid fruits, such as peaches and cherries, corrode the tin to an appalling extent; but even meats, nay, condensed milk, dissolve and

become contaminated with serious quantities of the metal. A can of soup examined contained 35 milligrams (one-half grain) of tin to the pound, and one of condensed milk 8 mg. (one-eighth grain) and of oysters 45 mg. (0.7 grain) to the pound.

Carbonic acid water attacks tin, and in all samples of soda-water, and other acetated beverages tested, tin was found. The question then arises, Is tin, when taken into the system, injurious to health, or not? This seems to be as yet an unsettled question, but Hehner's experiments on pigs go to show that, while *stannic* compounds are not injurious, tin in a *stannous* condition is a virulent irritant poison, and it is in the latter condition that tin dissolves in the animal or vegetable substances used for food.—*Ibid.*

Artificial Leather.—Among the recent patents granted at Washington is one for artificial leather, which is a plastic compound for coating articles to imitate leather, etc., consisting of glue, mastic, dextrine, glycerine, chloride of iron, chrome-alum and a suitable pigment. It is said to wear nearly as well as leather, and costs but half as much. It is used in the manufacture of ladies' fine boots and slippers, and by carriage-makers, book-binders, and upholsterers.—*Ibid.*

Electrical Experiment.—The following simple electrical experiment is described in *L'Electricien*: A small box of paste-board is closed with lid of fine glass, on the upper surface of which collodion is applied several times (but not so much as to render the lid opaque). In the box are placed insect forms, made of sponge or cotton. On rubbing the collodion surface with dry fingers in dry weather, the insects move about in a curious manner. *Ibid.*

Prof. Edward C. Pickering, of Harvard College, says that in undertaking to measure the intensity of the light of the satellites of Mars, he had occasion to need an extremely small hole. A hole about the twenty-five hundredth part of an inch in diameter was finally secured.—*Philo. Jour.*

M. Pasteur has resolved to continue his researches into the means of preventing disease by destroying or nullifying the virulence of the germs, and is about to visit Bordeaux lazaretto with the view of studying yellow fever, which he hopes to conquer by means of inoculation.—*Ibid.*

The experiments of a famous Swedish chemist, prolonged over two years, makes it definitely certain that separating cream by the centrifugal secures 10 per cent. more of it than any other process, while if the cream is at once churned what chemist and other experimenters pronounce the best lasting and best keeping butter is obtained; the refuse—the skimmed milk and buttermilk—are sweet—that is, in their most valuable condition—and the milk has been in the course of a few hours turned into money. This appears to be the ultimate perfection of scientific buttermaking.—*Ibid.*

PRACTICAL NOTES AND FORMULÆ.

Rheumatism, Acute and Chronic, Hemicrania, Etc.—

- R. Guarana.....grs. xvj.
With hot water, cream and sugar for a dose, and increase to forty grains once or twice a day.

Said to be almost a specific in Acute Rheumatism, and very beneficial in the cases above named.

THE CYANIDES IN ACUTE RHEUMATISM.

Dr. A. Luton, gives the Cyanide of Zinc in pill, in doses of from three-fourths to one and a half grains in a single day.

The Cyanide of Potassium, pure and well prepared, is perhaps to be preferred, he thinks, to the Salt of Zinc, on account of its evident activity. In mixture he gives it in the dose of one and a half grains per day. It is best administered in the form of pills, coated with silver. It is not advisable to go beyond two grains a day.—*Independent Practitioner*. [Give with caution!—ED. REC.]

Iodoform in Gynecological Practice.—Professor Bandl, of Vienna, uses iodoform in every possible variety of chronic pelvic-peritonitis, and with the most satisfactory results. It is used in emulsion with glycerine (1 to 10), and is introduced in the vagina in small quantity on a cotton tampon, where it is allowed to remain from 12 to 24 hours.

In Carl Braun's clinic, iodoform was used experimentally in acute post partum perimetritis with enormous effusion. The abdomen was painted with glycerine emulsion, and the effect was excellent, the effusion being rapidly absorbed. He ascribes the effect partly to the inhalation of the iodine vapor.—Translated by Ralph D'Ary, M. D., for the *Physician and Surgeon*.—*Western Medical Reporter*.

Leucorrhœa.—

- R. Zinci oxidi vel bismuth carb. grs. lxxx.
Ext. belladonna..... grs. xl.
Olei theobromæ..... 3 j.
Olei olivea..... 3 iij.

Mix.—Divide into eight pessaries, and order one to be used every night.—*Medical Gazette*.

Where the Menstrual Flow is Scanty and the Liver Sluggish.—

- R. Podophylli resinæ..... grs. iv.
Ext. hyoscyami..... grs. xxvi.
Ext. nucis vomicæ..... grs. iv.
Pil. aloes et myrrhæ..... grs. xxx.

M.—Divide into twelve pills, one to be taken at bedtime three or four nights in succession.—*Ibid*.

Huxley's Theory of Disease.—The body is a machine of the nature of an army, not that of a watch or of a hydraulic apparatus. Of this army, each cell is a soldier, an organ, a brigade, the central nervous system headquarters and field telegraph, the alimentary and circulatory system the commissariat. Losses are made good by recruits born in camp, and the life of the individual is a campaign, conducted successfully for a number of years, but with certain defeat in the long run. The efficacy of an army, at any given moment, depends on the health of the individual soldier, and on the perfection of the machinery by which he is led and brought into action at the proper time; and, therefore, if the analogy holds good, there can be only two kinds of diseases, the one dependent on abnormal states of the physiological units, the other on perturbation of their co-ordinating and alimentative machinery.—*Canadian Medical Record.*

Antiseptic Stimulation in Typhoid.—Prof. Bouchard (*Le Course. Med.*, May 7th) recommends that stimulants used in typhoid fever should be mixed with antiseptic substances, in order to prevent purulent infection from the intestinal lesions. He uses the following:

Rum.....	fl. 3 ix;	270.00 fl. Gm.;
Creosote.....	gtt. ij;	0.12 "
Phenic acid.....	gr. iv;	0.24 Gm.;
Salicylic acid.....	gr. xv;	1.00 "

M. Sig. Small quantities of this or a similar antiseptic stimulant may be given as required.—*Mich. Med. News.*

A Dangerous Instrument.—According to the *Phil. Med. and Surg. Reporter*, a number of high authorities in ophthalmology have called attention to a new instrument called the "eye-cup," which has been imported from France. It is constructed on the principle of an ordinary rubber cupping-glass, but made so as to accurately fit over the eye. By pressing the rubber bulb, and then applying it, the eye is drawn out more or less by suction from its socket. It is claimed that it will relieve the presbyopia of old people, and thus render the use of glasses unnecessary. It has really been known to produce retinal congestion and hemorrhage, as well as lenticular, corneal, conjunctival, and palpebral changes, and in one case total blindness from retinal detachment was the result.—*New England Medical Gazette.*

Application in Inflamed Conjunctiva.—A correspondent of the *Louisville Medical News*, describing a visit to the Manhattan Eye and Ear Hospital, New York, supplies the formula of a solution in very common use there for inflamed conjunctiva; it is used with an atomizer in the form of spray:

Tannin.....	grs. x.
Sodæ bicarb.....	grs. xx.
Glycerin.....	3 ij.
Aquæ.....	Oij.

Treatment of Phthisical Cough.—Mr. T. Garrett Horder (British Med. Journal,) strongly advises hydrobromic acid in doses of twenty minims. It may be given with the addition of spirits of chloroform. He has also found the inhalation of the vapor of iodine very useful in chronic cough.

Another correspondent recommends fifteen minims of hydrobromic acid and ten minims of chloric ether in a dessertspoonful of water four or five times a day, with a pill containing a quarter of a grain of codæia three times a day.

Mr. A. de Wihter Baker (Dawlish) recommends the following formula:—

R. Tincturæ pruni Virginianæ.....	3 j.
Glycerini.....	3 ss.
Nepenthe, (Ferris and Co's.).....	m v.
Aquæ.....	q s.

M. He generally orders it to be given when the cough is troublesome, and repeated in three or four hours, it required. In troublesome cases he also orders a double dose to be given at bedtime. He has never known it to fail to relieve cough; and it can be taken for a long period of time without disturbing the digestive organs.—*Med. & Surg. Reporter.*

Hair Tonic.—J. M. Frey, in Medical Brief, says he has used the following successfully for falling hair after fevers:—

Zinci sulph.....	10 grs.
Quiniæ sulph.....	20 grs.
Tinct. cantharides.....	1 oz.
Bay rum.....	2 oz.
Glycerinæ.....	2 oz.
Water.....	2 oz.

M. To be brushed or rubbed into the scalp with much gentle shampooing.—*Four. Chemistry.*

Borax in Hoarseness.—This salt has been employed with advantage in cases of hoarseness and aphonia occurring suddenly from the action of cold. The remedy is recommended to singers and orators whose voices suddenly become lost, but which by these means can be recovered almost instantly. A little piece of borax, the size of a pea, is to be slowly dissolved in the mouth ten minutes before singing or speaking. The remedy provokes an abundant secretion of saliva, which moistens the mouth and throat. This local action of the borax should be aided by an equal dose of potassium, taken in warm solution before going to bed.—*La France Medicale.*

Treatment of Malarial Chill.—At the Bellevue Hospital the following means are, among others, employed to prevent malarial chill. 1. The hypodermic injection of pilocarpine, gr. 1-6. 2. The inhalation of gtt. v. of amyl nitrite every twenty to thirty minutes. 3. The administration of chloroform and whisky, of each 3 ss. The excessive diarrhœa of typhoid is said to be remarkably controlled by the administration of gtt. xx. of turpentine every two or three hours.—*Medical Record.*



EDITORIALS AND MISCELLANEOUS.

SMALL-POX IN ATLANTA.—A case of small-pox occurred in Atlanta during the present month. The patient was a negro girl, at one of our Hotels, who probably brought it from a distance. She was promptly quarantined, but six other cases have developed up to this writing, all of which may be traced to the above case.

NEGRO DOCTORS.—Eight negroes were graduated at the Mehary Medical College of Nashville, Tenn.

SEE the new advertisement of Wm. R. Warner & Co., next to last page of reading matter.

DR. SAMUEL GROSS, the distinguished Surgeon, has resigned his Professorship in Jefferson Medical College.

HARTER'S IRON TONIC.—Read the advertissment of this medicine. The Formula stikes us most favorably. It is evidently a fine combination.

TENNESSEE MEDICAL SOCIETY.—The Medical Society of the State of Tennessee is appointed to meet at Memphis, on the 2d Tuesday in May next.

JOSEPH PANCOAST, M. D., Emeritus Professor of Anatomy in Jefferson Medical College, Philadelphia, died at his residence, March 7th, 1882, aged 77. He died of pneumonia

DR. W. F. GREEN, of Decatur, Georgia, died on the 6th inst., of ulceration of the bowels. Dr. Green was a kind-hearted Christian gentleman, a good physician and warmly esteemed by the entire community.

JOHNSTON'S FLUID BEEF.—Robert Shoemaker & Co., Philadelphia, General Agents for United States. See the new advertisement of this article. It is truly an excellent preparation. We have tried it.

NEW YORK CODE OF ETHICS.—The action of the Medical Society of New York, in authorizing consultations with *all legally qualified* practitioners, will probably be discussed and condemned at the next meeting of the American Medical Association.

THE PHARMACEUTICAL ASSOCIATION of Georgia met in Atlanta on 11th inst. The officers elected for the ensuing year are: J. W. Rankin, President; A. Solomons, of Savannah, 1st Vice-President; G. J. Howard, of Atlanta, 2d Vice-President; A. M. Brannon, of Columbus, 3d Vice-President. Secretary, J. A. Scrupline, of Savannah. J. L. Massenburg, of Macon, Treasurer.

The next meeting of the Association will be in Athens, on 2nd Monday of April 1882.

SENATOR HILL, of Georgia, has had a third operation performed for the removal of a cancerous affection, by Prof. Gross, of Philadelphia. The last operation consisted in the removal of a portion of the salivary gland.

GEORGIA MEDICAL ASSOCIATION.—As we go to press before the meeting of the Association, we cannot notice its proceedings in the present issue, but will do so in our next. At this writing the indications give promise of a large and interesting meeting. The meeting of the Association is appointed for the 19th inst., in this city.

CROCKERY AND HOUSE-FURNISHING.—Parties desiring anything in the house-furnishing line should visit the establishment of T. R. Ripley, of this city. Mr. Ripley is a reliable gentleman of superior business qualifications—kind, affable and courteous to visitors, and will do the straight thing by you. See his advertisement in this Journal.

THE National Board of Health *Bulletin*, of April 1st, reports cases of small-pox at the following places:—Forrest City, Ark.; Grand Rapids, Mich.; Janesville, Wis.; Lemars, Iowa; Louisville, Ky.; Moline, Ill.; Salem, Mass.; Mount Holly, Pa.; South Bethlehem, Pa.; Syracuse, N. Y.; Unionville, Ky. Only a scattering case or two in the several places mentioned, except at South Bethlehem, Pa., at which point there has been 152 cases, in a population of 5,500. Number of deaths 35. Not a single case occurred where there had been a recent vaccination.

BOOK NOTICES.

A TREATISE ON DISEASES OF THE EYE. By Henry D. Noyes, A. M., M. D., Professor of Ophthalmology and Otology, in Bellevue Hospital Medical College; Surgeon to the New York Eye and Ear Infirmary; President of the American Ophthalmological Society; Member of the New York Ophthalmological Society; Permanent Member of the Medical Society of the State of New York; Member of the New York Academy of Medicine. New York: William Wood & Co. McGarity & Laird, Agents, Atlanta, Ga. Illustrated—354 large octavo pages.

The general anatomy and physiology of the globe very plain and satisfactory. The various diseases and operations admirably handled and brought down to recent and well approved principles.

LECTURES ON DISEASES OF CHILDREN, A HANDBOOK FOR PHYSICIANS AND STUDENTS. By Dr. Edward Henoch, Director of the Clinic and Polyclinic for Diseases of Children, in the Royal Charete, and Professor in the University of Berlin. New York: William Wood & Co., 1882.

This work contains 357 octavo pages, and though styled a Handbook, is sufficiently full on many subjects treated. This, however, cannot be said of Cholera Infantum and Diarrhea, the most frequent and fatal of infantile affections, the remarks upon which are

somewhat meagre, and contain no new or important suggestions. Its brevity, however, and its avoidance of detail upon subjects already fully considered in the many treatises upon this department, will commend the work to many readers. The lecture style will prove attractive, as also the numerous cases from the author's experience.

A SYSTEM OF SURGERY, THEORETICAL AND PRACTICAL, IN TREATISES, BY VARIOUS AUTHORS. Edited by T. Holmes, M. A. Cantab., Surgeon and Lecturer on Surgery at St. George's Hospital; Memb. Corresp. De La Societe De Chirurgie De Paris. First American from Second English edition, thoroughly revised and much enlarged, by John H. Packard, A. M., M. D., Surgeon to the Episcopal and St. Joseph's Hospitals, Philadelphia. Assisted by a large corps of the most eminent American Surgeons, in three volumes. Vol. II. Diseases of Organs of Special Sense; Diseases of Circulatory System; Diseases of the Genito-Urinary Organs. Philadelphia: Henry C. Lea's Sons & Co., 1881.

The above is the second volume of the great Surgical work, and contains 1063 double column pages. A list is given of the numerous eminent contributors, both American and English. The illustrations are numerous, and some of them beautifully colored. As the work is ample in its treatment of the Organs of Special Sense, it is suited to the library of the Specialist as well as of the General Surgeon. It is full, plain and able upon all the subjects treated, and must be regarded as a very valuable work to the Surgeon for its practical features, and to the Physician as a work of reference upon many subjects upon which information may be sought.

Volume III. of the same work is also just received—same style and size—numbering 1050 pages, elegantly gotten up—illustrated, and treats of Diseases of Respiratory Organs, Diphtheria, Croup, Diseases of Larynx, Diseases of the Thyroid body—Apnœa.

A TREATISE ON HUMAN PHYSIOLOGY, DESIGNED FOR THE USE OF THE STUDENT AND PRACTITIONERS OF MEDICINE. By John C. Dalton, M. D., Professor of Physiology and Hygiene in the College of Physicians and Surgeons, New York; Member of the New York Academy of Medicine; of the New York Pathological Society; of the American Academy of the Arts and Sciences, Boston; of the Biological Department of the Academy of Natural Sciences, Philadelphia, and of the National Academy of Sciences of the United States of America. Seventh edition, with two hundred and fifty-two illustrations. Philadelphia. Henry C. Lea's Sons & Co., 1882.

This new and revised edition of this excellent and popular text-book of Physiology will be welcomed by the profession, and especially by Medical Students. We note important and useful improvements in the present work, which will add to its popularity as a text-book; improvements which bring it well up with recent advances. The alterations relating to the classification of Albu-

minoids, and the additions in regard to Ferments are interesting and presented in a manner at once plain and intelligible.

The department of Physiological Chemistry is also well and fully considered, and facts drawn from the interesting observations, which of late years have been attracting attention in respect to the localization of the cerebral functions, are in the present work more fully and satisfactorily discussed than in previous editions. We have no hesitation in pronouncing this edition as an improvement, and the work as now presented, as among the best which has yet been published on this interesting branch of Medical Science.

ILLUSTRATIONS OF DISSECTIONS IN A SERIES OF ORIGINAL COLORED PLATES THE SIZE OF LIFE, REPRESENTING THE DISSECTION OF THE HUMAN BODY. By George Virner Ellis, Professor of Anatomy in University College, London, and J. H. Ford, Esqr. The drawings are from nature, by Mr. Ford, from dissections by Professor Ellis. Reduced on a uniform scale, and reproduced in fac simile, expressly for Wood's Library of Standard Medical Authors. Vol. I. Second edition. Pages 253, octavo. New York: William Wood & Co. McGarthy & Laird, Agents, Atlanta, Ga.

To the Student of Anatomy, this is a very valuable work. The illustrations are from real life, and present only such dissections as are commonly seen in the practical Anatomy room. In the present volume are presented views from the head and neck, the upper extremities, the abdominal parietes and the lower limbs.

LECTURES ON ELECTRICITY, [DYNAMIC AND FRANKLINIC] IN ITS RELATIONS TO MEDICINE AND SURGERY. By A. D. Rockwell, A. M., M. D., Electro-Therapeutist to the New York State Woman's Hospital; Member of the American Neurological Association; Fellow of the New York Academy of Medicine; Member of the New York County Medical Society, etc. 122 pages, large octavo.

This work is interesting and instructive, and presents a number of new subjects, among which are descriptions of the Galvanic Accumulator for storing electricity for use, and the induction balance for locating bullets in the body. The several methods of franklinization and its value as compared to dynamic electricity.

HOMEOPATHY—WHAT IS IT? A STATEMENT AND REVIEW OF ITS DOCTRINES AND PRACTICE. By A. D. Palmer, M. D., LL. D., Professor of Pathology and Practice of Medicine in the College of Medicine and Surgery in the University of Michigan. Second edition, 1881. Detroit, Michigan: Geo. S. Davis, Publisher.

This little work by Dr. Palmer, has attracted much attention by the profession, and called down many anathemas by the Homeopaths. It should be read by every practitioner.

RECEIPIED.

1881—Drs. A. M. Hawkins, S. G. Hart, R. H. Wyche.
 1882—W. H. Kennerly, S. T. Reddingfield, W. D. Hunt, Robert James, I. T. Groover,
 T. L. Turk, W. R. Greenlee, L. H. Hill, M. Geisey, L. G. Mills, H. Allison, W. H.
 Wells, C. P. Sanders, J. L. Martin, T. J. Hendly.
 1883—Z. J. Scott, T. M. Beaty, to April.

SPECIAL NOTICES.

THE art of sugar-coating pills so as not to impair their solubility, but to preserve the composition, keeping it soft and plastic, has acquired for **Messrs. Warner & Co.**, a world-wide reputation. Physicians may rely upon the purity of the drugs used, and upon the mathematical nicety in which their pills, "granules," and "pavules" are divided. Every doctor may be his own druggist, and at the same time save himself the drudgery of it by using **WARNER'S** preparations. A bottle of Quinine Pills recently sent us by this firm satisfies us that this firm is fully maintaining its reputation.—*North Carolina Medical Journal, July, 1879.*

PARKE, DAVIS & CO.—This house stands among the very best in our country as Druggists and Manufacturing chemists. Enterprising, active and energetic, their large and extensive business continues to increase, both at home and abroad. Their preparations of every kind are put up with great care and exquisite taste, and in respect to business character and reputation this house holds a very high and enviable position.

Listerism and the Duel.—From the *Medical*, we learn that at a late French duel, at the critical moment, when the swords of the combatants were crossed, the voice of the surgeon was heard calling a halt in order that he might baptise the hostile blades in the germicide bath as a precaution against possible septicaemia.

No blood seems to have been spilt, however, and the precautions were vain.

One step more and the mission of science in this direction is complete. Let the mislives of each sanguineous belligerent be bathed in antiseptic balm, and the destructive result of personal and aggregate combat will be uncomplicated by the villainous septic germ. Here is a field for "Lambert's Listerine."—*Scientia magnam est.*—*Attentat and Neurologist, St. Louis.*

Nervousness Resulting from Intemperance.—We have found **CELERINA** exceedingly valuable in the treatment of nervous headache, nervous exhaustion, nervousness resulting from intemperance. Men, and sometimes women, come to us trembling and apparently exhausted, all from the effects of intemperance. Such cases are approaching delirium tremens. **CELERINA** is the most appropriate prescription we can give them. A few doses of bromide of potassium may be given, alternated with the **CELERINA** at first; but after this, for permanent effects, we depend upon the **CELERINA**.—*American Medical Journal.*

BEDFORD ALUM AND IRON SPRINGS.—The advertisement of these Springs may be seen in another part of this Journal, and should be carefully read. The Editors have tested its virtues. It is an excellent remedy in hemoptisis, or as an anti hemorrhagic in any case, especially of a passive character. As an injection in gleet, gonorrhoea, leucorrhoea, etc., it is highly useful. As a gargle in ulcerated sore throat it is very efficacious. In chronic diarrhoea it is often useful, and given in small doses, in the night sweats of phthisis it has been found an excellent remedy.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1878, and adopted the **ELLIOTT**. Doctors that do the same thing get the standard article. Send for circular to A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

JOHNSTON'S FLUID BEEF is an article that can be safely recommended as a concentrated natural agent. We have tried it in low states of the system and found it an admirable article. In the diarrhoeas of infants, wherein the child is taken from the breast, and is dying of inanition, a little of this fluid beef has been known to support the child and save life. Try it.

HYDROLEINE.—Dr. Truesdale, of Mt. Jackson, Pennsylvania, writes: I have used "Hydroleine" in a number of cases in my practice for the last three or four months, and where it has been thoroughly tested, am well pleased with its effects. I am satisfied it is much superior to Cod-Liver Oil—that its effect are more perceptible, and that it is devoid of that disagreeableness and unpleasant eructation which almost uniformly attends the use of Cod-Liver Oil. I am satisfied that it is an admirable remedy in the treatment of phthisis."—See Kidder & Laird's advertisement.

Musical Homes are Happy Homes.—Make your homes musical, and happiness will surely come. Nothing like Music to drive away care and soothe the troubled breast. If you haven't a Piano or an Organ, get one. If you have one already, get some new Music, and tune up. The best and cheapest way to get the Music, is to subscribe to the **SOUTHERN MUSICAL JOURNAL** and let it visit you monthly through 1882. It will cost \$1.25, and each monthly number gives \$1.00 worth of beautiful Music, both Vocal and Instrumental. Send your address to the publishers, **LIDDEN & BATES**, Savannah, Georgia, and they will mail you a specimen copy.

T H E

Southern Medical Record:

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R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the RECORD must
be addressed to the Managing Editor.

VOL. XII.

ATLANTA, GA., MAY 20, 1882.

No. 5.

ORIGINAL AND SELECTED ARTICLES.

AMPUTATION OF THE LOWER EXTREMITIES FOR GANGRENE FROM FROST-BITE.

BY THOMAS F. HOUSTON, M. D., CLARKSVILLE, GA.

On the 19th of November I was summoned to testify as a medical expert in the case of John Parker (colored), a prisoner awaiting trial for stealing a watch. On reaching the jail I found him lying on the floor sullenly resisting all attempts to dress him. From the sheriff I learned that at 8 a. m., only two hours before, he was perfectly sane; asked the prospect of reaching his case that day, and expressed his desire for a speedy trial. That he ate his breakfast with evident relish, and laughed and talked with the other prisoners. When he went down to the jail to bring him to the court-house, the prisoner was standing sullenly in the corner perfectly naked, and not only refusing to speak, but showed decided tendency to fight all who came in his reach, whereupon I was immediately summoned. I examined him and could find absolutely nothing abnormal about him. So I directed him to be dressed in spite of his violent struggles, and carried *vi et armis* to the court-house. On the stand I gave as my opinion (based upon eleven years' residence at the Georgia State Asylum) that he was a malingerer. What confirmed my suspicion was the fact that when he was conscious of being watched he would attempt to

show decided evidences of insanity—there was a want of uniformity in his manner of “playing crazy.” One moment he would lie like one dead, breathing normally; the next he would strike at all in reach of him and roar like a madman. When he believed himself unobserved he would set up and act like a perfectly rational being.

On my opinion he was tried, convicted and sentenced to hard labor for one year. During the trial he lay like a dead man upon the floor, and in such a condition was carried by four men to the jail. As they laid him down he jumped up, struck his heels together and remarked: “Well, I am guilty, but I would have fooled the law but for that damned Doctor.” In one hour he had torn off his clothes and thrown them out of the window, and was acting in the same manner again.

On December 1st I was requested to see him and decide if he could be removed to the penitentiary. I again examined him, having learned that since the day after the trial, he had not spoken nor gotten out of his bed, which emitted an intolerable odor from the excretions he had voided in it.

Examination.—Pupils normal, pulse 108, full and hard; percussion and auscultation found no abnormality. No perceptible tenderness in any portion of the body; muscles responded normally to electricity, tongue clean. Found four large blisters, two on each ankle, about 2 inches in diameter, occupying the site of some old shackle marks that he had worn during some former service in the penitentiary. The blisters were evidently the effects of two cold nights which had occurred during the time that he was attempting to play the madman—when the thermometer fell to about 13° F. The blisters were filled with dark-yellow serum. Such was the rascal's fortitude that the strongest current of a No. 4 Galvano-Faradic battery would not elicit a wince other than the natural muscular contraction. As the convict had always borne a reputation for intelligence and desperate recklessness, I again decided that it was “pure cussedness,” as they say in the Southwest. But the prison authorities could not induce him, by threats or persuasion, to show the slightest sign of human intelligence, so they had to let him lie in his filth.

On the following day the Ordinary had the prisoner removed to the dwelling of another negro, and left him in his charge. Some days after the nurse came for a bottle of “Darby's Prophylactic Fluid” to use in bathing his ankles, stating that they were getting in a bad condition.

On December 8th I was summoned to see him. On entering

the room I remarked to a medical student who accompanied me: "I smell gangrene." Upon uncovering his feet a most horrible sight greeted my eyes. He was suffering from gangrene of both extremities; the skin had slipped off like a sock. The toes were wanting, the lower row of meto-tarsal bones protruded through the flesh fully $\frac{1}{2}$ inch, and in several other places the flesh had fallen off, revealing the tarsal bones; the diseased action extended back as far as the maleoli. Temperature, 103° F. Respiration 24. Pulse, 120, feeling like a cord under the finger. Prescribed elix. beef, wine and iron, egg-nog and Valentine's meat-juice, and the Saline antimonial mixture:

R Sulph. magnesia..... ʒi,
 Tr. verat. viride..... ʒi,
 Sulph. quinine..... grs. xx,
 Aromat. sulph. acid..... ʒii ss,
 Laudanum ʒii,
 Aqua dis. q. s. ft ʒviij. M.

S. Tablespoonful the first hour, one teaspoonful each subsequent hour until temperature falls to 99° F., the dose to be increased pr. r. n.

The feet to be bathed every hour with a solution of chloride of lime. Gave calomel, grs. v.

December 10th. Temperature 101 F.; pulse, 110; action dark and loose; gave the same treatment, except the calomel.

December 11th. Temp. 100 F.; urine bloody; pulse, 99, small and steady. Gave liquor potas and spirits of nitre equal parts, *ter die*; increased the whisky.

December 12th. Temp. 100 F.; pulse, 98, stronger; urine normal in color and not so acid. Actions still very dark; repeated the calomel.

It is not necessary to continue the daily record. It is sufficient to say the saline anti-mix. kept the temperature about 100° F., and the pulse about 90. I became satisfied that the patient's strength would not last until the line of demarkation was fully established, and when it became evident that the diseased action would not probably extend above the middle third, I determined to operate without waiting. And so, on the 9th day of the treatment I amputated both of his legs in the upper third. Being assisted by Drs. Phillips and Rossignole. When Dr. P. attempted to give him chloroform he resisted as best he could, swearing that he had rather die than lose his legs. Not considering, in his mental and physical condition, that he was able to decide this question, and as

the county authorities urged the operation, I paid no attention to his remonstrances. I used Esmarch's bandage and Petit's tourniquet in addition to the elastic cord. I chose the circular method, and the cabin being badly lighted moved the patient out into the sunshine.

The thermometer stood at 40° F., and cool air, aided by quantities of ice-water, was a great factor in preventing oozing after the arteries were tied. I did not find it necessary to ligate the veins. The loss of blood did not amount to more than four ounces. He reacted splendidly, and the external edges of the flaps united by first intention. I had to keep the lower angle open to insure good drainage. Had the stumps injected frequently with the weak solution of chloride of lime. Controlled the pulse and temperature by appropriate means, and gave the same supporting treatment I had previously employed. He did splendidly for two weeks, when he had a very sharp attack of pleurisy, complicated with bronchitis. At length this trouble also was removed, and to-day I sent him home, having obtained a pardon from the Governor.

The prisoner is now grateful to me for the efforts I made in his behalf, and acknowledges that he was shamming.

Before closing, I will relate a somewhat similar case of malingering that occurred at the Georgia State Lunatic Asylum during the administration of the lamented Dr. Thomas F. Green. He was summoned to see — — —, a white convict, sentenced to ten years for stealing.

The day after he was admitted to the penitentiary he became suddenly a perfect imbecile. Dr. Green found him sitting on the ground, his lower jaw relaxed, the saliva dripping upon his breast, his eyes set in a vacant stare; and his only reply to any question was, "Let me go home with you," drawled out through his nose. Offer him a plug of tobacco and he would snap at it like a dog, and swallowing it in great mouthfuls, evincing not the slightest nausea. During the thirty-four years that Dr. Green was in charge of the asylum, he was often called upon to testify as a medical expert, and in not a single instance did subsequent developments reverse his decision. After a careful examination he decided that the man was shamming, and so informed the prison authorities.

Dr. Green determined to force him to acknowledge his fraud; and having summoned a trusty attendant directed him to prepare a room, placing a wire screen across the window, so that plenty of air and a little light would be admitted, but the inmate could not see out into the yard. In the presence of the impostor he gave the following instructions: "This man is pretending to be

insane. He is sentenced to the penitentiary for ten years. He has been sent to me, and I intend to keep him in this room for the next ten years.

Do not speak to him, or allow any one else to do so; never visit him except to carry his meals and water; and under no circumstances allow any one to see him or permit him to come out of his room. I have condemned him to solitary confinement for ten years."

The malingerer stood it for three days; on the fourth morning he besought the attendant to summon Dr. Green, exclaiming, "D—n it, I want to go back to the penitentiary; tell Dr. Green I want to see him." He said upon seeing the Doctor, "Oh, I am well again. I felt my insanity, like a cold wave, go down my back and out at my heels. Your treatment cured me." With a dry smile Dr. Green answered, "I thought it would." He had him returned to the prison authorities, and a more obedient and faithful convict was never in the Georgia penitentiary.

TREATMENT OF MALARIAL COMA.

BY ARCH. DIXON, M. D., OF KENTUCKY.

In a recent number of the Virginia Medical Monthly, there appeared an article of great interest and practical value to those who live in malarial regions, on "hypodermic use of quinia in certain fevers," by Dr. W. T. Sawyer, of Alabama. I wish to add my testimony to the efficacy of the hypodermic use of quinia in certain cases which every physician who practices in the South and West will occasionally, and during some seasons, often meet with. The year 1878 was typical in this respect, the ordinary malarial fevers of our climate assuming a pernicious character, and we had many cases which were appropriately called by the late Dr. John L. Cook, of this place, "*Malarial Coma*." The history of these cases was generally that of an ordinary intermittent, which had failed to respond to the usual anti-periodic treatment given by the family, the paroxysms presenting nothing denoting gravity, until after one or two chills, when the case assumed a more serious character. There is frequent nausea and an inclination to drowsiness, gradually increasing until there is complete coma; the face is suffused; the pupils contracted and irresponsive to light; the pulse is small and rapid; in some cases slow and full; breathing hurried and shallow, occasionally stertorous and not infrequently of the "Cheyne-Stokes" character. Temperature runs up to 105-7.

There is loss of voluntary motion, with complete banishment of consciousness. In short, there is a condition of general congestion, more especially of the brain and lungs. The situation is alarming, and the doctor is called in haste. The gravity of the case is taken in at a glance, and the conclusion arrived at, that something must be done, and be done quickly.

The following typical case, selected from a number of others, similarly treated, will illustrate what was done by the writer, and with such success as to convince him that the treatment was good.

On Sunday, Sept. 15th, 1878, was called in haste to see Wm. McC., and was informed by the messenger, his father, that his son had brain fever; that he had had a spasm, and was now out of his head. I found the patient, a stout young man, aged 19 years, in a deep coma, pupils markedly contracted and irresponsive to light; pulse 130, small and weak; breathing stertorous; temperature 106. I gathered from his mother, that he had been taken with a chill about 11 o'clock on Friday morning; his fever had not been higher than that which ordinarily follows a chill, but that he had complained much of headache. On Saturday he felt almost as well as usual, and expressed a desire to go to work, but had been dissuaded by her. Friday night a cathartic dose of calomel and soda was taken, which acted well, and had been followed on Saturday morning by twenty-one grains of cinchonidia, given in seven grain doses, at intervals of three hours. At 5 a. m., Sunday, took seven grains of cinchonidia, but expressed himself as feeling too badly to get up. He complained of headache and nausea. At 8 o'clock he was to take another powder, and she found him with fever and so drowsy that it was difficult to arouse him; he, however, took the medicine and almost immediately went off to sleep again. At 10 o'clock he had a slight convulsion, which had passed off after he vomited some blood. At 11 o'clock I found him in the condition described. To give anything by the mouth was out of the question, as the patient could neither swallow, nor could I afford to await the slow process of absorption by the stomach, which in all probability might not take place at all. There was total loss of all voluntary motion, and there was a cataleptoid condition present, the limbs remaining in whatever position they were placed.

A subcutaneous injection of morphia 1-8 gr., and atropia 1-120 gr., was made at once, and as soon as possible, a large sheet immersed in cold water was spread over a blanket stretched upon the floor, on this my patient was placed after having been stripped of all his clothing. By this time the hypodermic injection of morphia and atropia had stimulated both respiration and circulation, the pulse

was stronger and fuller, and the breathing easier. He was now wrapped in the sheet and cold water poured upon him for ten minutes; cold applications were first made to the head, by means of towels wrung out in cold water; meanwhile, I had hastily dissolved, gr. xx. of quinia bi-sulph. in 3 ij. of boiling water; one-third of this was administered *hypodermically* before removing the patient from the wet pack. He was now taken up and placed between blankets on the bed, without wiping off his body. The thermometer showed a reduction of temperature from 106 to 102, and there were signs of returning consciousness. The remaining two-thirds of quinia solution were given at intervals of fifteen minutes, the patient being rational before the last injection was made. Ten grains of quinia were ordered to be given at intervals of two hours, that evening, till thirty grains were taken; the same to be repeated the following morning. My patient had no further trouble, and soon grew strong upon a tonic pill of iron, quinia and arsenic.

There can be no doubt that quinia is the one thing needful in these cases, and used hypodermically, it is simply invaluable. My attention was called to this method of using it by an article in the London Lancet, in 1876, by J. B. Scriven, Civil Surgeon at Lahore. The solution was made with tartaric acid, one in three. Mr. Scriven had used it in a great many cases, and advised the introduction of the nozzle of the syringe so that the apparatus, by which the quinia escapes into the cellular tissue, shall be turned *away* from the skin, in order to avoid abscess, ulceration or sloughing. The injection should be thrown slowly *into the cellular tissue*, and not immediately beneath the skin. This method has been highly satisfactory in my hands, and in no instance has any bad effect followed its use. In many cases the wet pack is an admirable adjunct, and in no way can temperature be reduced so rapidly save by the cold bath. It is hardly necessary to say that caution should be exercised, both in the use of the bath and pack, for you may pass a point beyond which reaction fails to take place. In cases of this character, pulmonary, hepatic and gastric complications, you cannot afford to waste valuable remedies directed against them, and the physician who awaits the action of remedies given by the mouth or rectum, will too often find the life of his patient slipping through his hands; for there is present in almost every case, a condition of irritability, both gastric and intestinal, which precludes the probability of the medicine being retained, and if retained, the intense congestion prevents absorption, and notwithstanding large doses of quinia have been taken, you watch anx-

iously and in vain' for its characteristic action, your patient growing hourly worse, until he "crosses over the river," to join the innumerable throng of those who have gone before. The indications in such cases are to reduce temperature as rapidly as possible, using the wet pack boldly, yet cautiously; *give quinia hypodermically*, repeating at short intervals until its physiological action is manifest, stimulate your patient and you will have the satisfaction of seeing your efforts crowned with success.

Henderson, Ky., April 35, 1882.

REPORT ON VACCINE FARMS.

BY DR. JAMES LAW.

The main objects in raising vaccine lymph on the lower animal are: 1st, to secure a sufficient supply to meet any sudden emergency; and 2d, to guard against the conveyance of disease by inoculation. The first of these objects is easily accomplished by the vaccine farms, and demands no remark from us. With regard to the second, it is justly claimed that the risk of the conveyance of the most objectionable of all maladies—syphilis—is entirely obviated by the use of bovine lymph. The authorities on vaccination claim, and doubtless with perfect justice, that the use of the pure vaccine lymph, even from a syphilitic person, cannot communicate the venereal disease, and that the danger only arises when blood has been mingled with the lymph or when the specific syphilitic action has begun in the sore. Yet the perfect exclusion of blood, or of blood serum, from the preserved lymph cannot be easily guaranteed in all cases, and the few instances of actual syphilitic infection from vaccination is an unanswerable argument for the use of bovine lymph.

Attention is therefore especially called to those diseases which may by any possibility be conveyed to the human being by the use of bovine lymph. These may be set down shortly as: Simple infecting inflammation, erysipelas, septic infection, malignant pustule, epizootic eczema, and perhaps, tuberculosis.

The frequent occurrence of local inflammation, of indolent inflammatory neoplasms, and of erysipelas around the seat of inoculation with bovine lymph, is a fact too notorious to be denied. It is true, that any one of these may be due rather to the state of the system inoculated than to any fault in the lymph used. The germs of or the aptitude for a particular disease is present, and the occasion of its eruption is the irritation consequent on the inoculation, and it may be assumed that any other cause of an equivalent amount of local or constitutional disorder would have had the same result. When, however, the number of untoward cases mount up to one-fourth or one-half of the persons inoculated, and when simple wounds from other causes are attended by no such manifestations, it is only reasonable to conclude that the erysipelas

or other morbid process has been determined by the lymph. Now, the normal products of the ox are productive of no such evil results. Butchers who are perpetually handling the carcasses of these animals are not specially subject to erysipelas around sores and abrasions. On the other hand, in cases in which the vaccinated calves had the surface operated on exposed to filth and wet, we have seen the resulting inflammation extend widely and prove very persistent and troublesome, virtually furnishing in the lower animal the counterpart of those abnormal results of vaccination which are occasionally seen in man. In view of this, too much care cannot be given to secure perfectly healthy, vigorous calves; to keep them in a pure, sweet atmosphere; to sedulously avoid all contact of the inoculated surface with decomposing manure and fæces, and to avoid taking lymph from any vesicle which has been already opened. Crusts are manifestly more objectionable than quills or points that have been charged from newly-opened vesicles. The boiling and thorough purification of quills and points before charging, and the prompt drying after having been charged, are absolutely essential to a guarantee of purity. The seclusion of the quills and points from flies and other insects before, but especially after, they have been charged is another obvious precaution. Not only will the insects speedily abstract all the virus, but, coming as they often do from putrid animal or vegetable matter or even from diseased bodies, they are liable to deposit other germs than those with which the objects have been charged. It is all-important to have the calves tied in separate stalls, containing an abundance of clean litter, and the protection of the inoculated parts of the skin with a canvass cover is to be commended. It seems even as if the exposure of the lower surface of the body to pressure and friction when in the recumbent position, and its liability to contact with urine and fæces, would sanction a departure from the current mode, and the vaccination of the calf along the dorsal rather than the ventral surface. The objection that he would lick the surface operated on is easily met by applying beads around the neck, as is usually done in blistered horses. If a smaller supply of lymph is obtained than is obtainable from the looser skin below, it is a sufficient justification to say that our object is purity and not quantity. Finally, the farmer's objection that any resulting frizzling of the hair along the back deteriorates the animal in value goes for nothing when it is a question of the protection of man.

The taking of the virus early seems to be a very essential condition of securing it pure. Dr. Griffiths assures us that up to the seventh day the unbroken vesicle contains no superadded products, and will convey cow-pox uncomplicated. Later, when granular and pus cells appear, and above all when the reputed vesicle becomes the seat of septic and other bacteria, the virus cannot be sent with the same confidence. If, as Palaseiano and others claim, the intensity of the virus is greatest from the third to the seventh day, and if at the same time its purity can be augmented in any way that cannot be accorded to it at a later stage of the eruption, the mere fact of a larger yield cannot sustain the practice of col-

lecting the virus at a more advanced stage. The lessened supply may enhance the cost of the virus, and the method may necessitate the National Board of Health raising its own virus, yet it should not be a valid argument for the sanction of an article the purity of which is not guaranteed by every possible precaution.

Epizootic eczema (the foot-and-mouth disease) is not known to exist in the United States at present, yet it was imported from Europe as lately as a year ago, and as it has been repeatedly imported before, it is not impossible that it may visit us again. This is perhaps the most contagious disease known, and being propagated with equal readiness by all cloven-footed animals, it would be exceedingly likely to be introduced into any vaccine farm situated in a district where it had gained a footing. Chauvian has shown that cow-pox and epizootic eczema do not naturally exclude each other; they may exist together or successively in the same individual, and though it may be inoculated on any part of the skin or mucous membrane, epizootic eczema is especially liable to appear on the udder and inner sides of the thigh, the usual seat of vaccination in the calf. Again, this disease will develop in forty-eight hours after the reception of the germ, so that if introduced into the vaccinating stable in calves drawn according to the present system from a wide district, it may attack the animals already inoculated, and the eruption of the two diseases will take place simultaneously. Probably not one of the directors of our vaccine establishments would recognize this disease if he were to see it; and if the lymph were carelessly collected, it is just possible that the virus of this disease might be sent out. It need only be added that man is liable to the attacks of this malady, as well as are the lower animals.

Malignant anthrax has never been known to be conveyed by vaccination, but inasmuch as cattle are subject to this disease, and young cattle particularly so, as the morbid process is at times localized in the skin, and as it is communicable to man through the blood, there appears to be a possibility, though a remote one, of the communication of malignant pustule in vaccination. This should forbid the locating of vaccine establishments on or near marshes, drying-up ponds or lakes, rich river-bottoms, deltas, and the like, in which the anthrax germs, once deposited, are liable to be preserved for years, without losing their virulence. For the same reason heavy clays and other impervious soils are to be discarded in favor of sandy, gravelly, or other soils of a porous character. This preference to be given to open soils implies, further, the desirability of breeding the calves on the vaccine farm in place of having them picked up without regard to locality, or a wide district or in public market by an unprofessional man.

The question of the possible conveyance of tuberculosis through bovine lymph is a very delicate one to approach. We have no evidence that tuberculosis has ever been conveyed in this way. There is, further, the consideration that a severe attack of cow-pox, like one of small-pox, is liable to be followed in a weak or strumous constitution by a scrofulous or tuberculous attack. This, however, is due to the disturbing and debilitating action of the

disease rousing into activity the taint which was already present, and not the implanting of the poison along with that of variola. But it must be added that calves with a weak or strumous habit of body, or a hereditary predisposition to tuberculosis, are just as liable as human beings to develop that disease under the debilitating action of the cow-pox. It must be admitted also that among the calves selected for vaccination a preference is given to those of the Jersey breed, which in my experience is more subject to consumption than any other race of cattle in America. With small, delicate frames and an enormous capacity for the production of cream, this breed of cattle have had their powers of milk secretion stimulated and solicited until in many herds one-half have become the victims of tuberculosis. It must be conceded that, in a subject in which there is a strong tendency to tuberculosis, anything which establishes a local inflammation is especially liable to induce the tuberculous deposit, and that in the vaccinated calves the cutaneous irritation leads to congestion and enlargement of the glands of the flank and inguinal region which are especially liable to become the seat of tuberculosis in cattle. Certain it is that in some of the calves which had passed through vaccination I found these glands permanently enlarged, together with fever and other symptoms of tuberculosis.

Whether the tuberculous taint formerly present in the system or roused into activity by the operation of vaccination may be communicable through the lymph derived from the vesicles or through the blood accidentally mixed with the lymph, must be decided by absolute experiment. Meanwhile the prejudice that exists in the minds of a portion of the public on this question should demand that until this can be decided positively in the negative, the supposed danger should be guarded against by the use of calves the progeny of sound and vigorous animals only. This would necessarily do away with the present practice of using picked-up calves, and would demand a large breeding herd of carefully-selected animals, under the supervision of an accomplished veterinarian, whose duty it would be to detect and discard all animals which showed the slightest tendency to tuberculosis or other affection communicable to man.—*Nat. Board of Health Bulletin.*

PUERPERAL ECLAMPSIA.

BY L. S. MANNING, M. D., MANCHESTER, KY.

By way of preface I should say that the physician in this country is his own druggist and carries his supplies with him. What he does not have in the way of drugs or instruments he does without, since he can neither buy nor borrow for emergencies. Hence, the doctor, when he starts on a twenty-mile ride, has to select what he shall take and what he shall leave. To the patient it is far more important that he should take quinine than that he should take a thermometer; that he should take veratrum viride, rather than a sphymograph. So when your country practitioner has

made a selection of drugs, and crammed into his bags a few plasters, with a very few of the most common instruments, he has a load for his "one horse." These circumstances account for the omission of some important details in the histories following; and moreover, when at this terrible juncture the friends of the patient, in great anguish, are appealing to you for succor, if you do not lose your presence of mind, your attention will be wholly occupied with efforts of relief, rather than in the application of instruments of precision.

CASE I.—March 4th, 1874. Mrs. D., white, married, æt. 20, primipara. Saw her at 5 a. m. Has sore mouth and headache. Skin moist, pulse normal. Bowels and bladder just evacuated. Recurring pains at intervals of five minutes. Digital examination reveals the os uteri thin, dilating, dilatable, vertex presenting but not yet engaged in superior strait. 9 a. m. Very little advancement. Pains more frequent and stronger. Without warning, had a convulsion at 11.20 a. m., which lasted three minutes. After this administered Squibb's strong ether, by inhalation, but at 12 m. she had another convulsion. Ruptured membranes, used forcible dilatation, and pushed the ether, but not to the extent of complete anæsthesia. 2 p. m. Labor advancing; withheld ether, when she went into another convulsion. After this kept her under the partial influence of ether till the birth of a living male child, weighing nine pounds, at 3.30 p. m. Had used f. ʒxij ether. Everything was arranged for the mother's comfort, but at 4 p. m. had another convulsion. Gave—

R Chloral gr. xv,
Potass. bromid. gr. xx.

In syrup, once in three hours. At 4.30 p. m. she lay moaning, skin hot, pulse 120. At 6 p. m. another convulsion.

March 5th. No more convulsions. Patient could recollect none of the occurrences of the previous day. Mother and child doing well. Uninterrupted recovery.

CASE II.—April 5th, 1875. At 9 a. m. called to Mrs. W., married, multipara, æt. 24. Complains somewhat of frontal headache. Pains have been getting stronger and more frequent for some hours. Examination revealed os uteri dilating and dilatable. Had entered on second stage of labor, vertex presenting, first position. Three or four pains delivered a living female child with cord around its neck. Severed cord and passed the child to a nurse. In twenty minutes removed secundines entire. I should have stated that during third stage of labor gave fl. ext. ergot, ʒj, with brom. pot., grs. xxx. Applied binder, and everything was arranged for the mother's comfort. We were sitting around congratulating her upon her happy delivery, when, without any warning, she had one of those dreaded convulsions. When she began to breathe naturally again, administered chloroform by inhalation, to partial anæsthesia, whenever patient manifested restlessness, till 1 p. m., March 6th, when I gave her pulv. Doveri, grs. viij, which was vomited. At 4 a. m. the same was repeated and was

retained. At 7 a. m., gave brom. pot., grs. xxx, with tr. verat. virid., gtt. vj. and repeated the same in four hours. 6 p. m. Has had several hours' quiet sleep. Recollects none of the occurrences of the previous night after the convulsion.

April 7th. Mother and child doing well.

April 8th. Secretion of milk established. From this time on recovery was rapid and complete.

CASE III.—May 7th, 1878. S. B., colored, unmarried, primipara, aged 19, very robust build; would weigh, perhaps, 185 pounds; attendants say she began staggering about and talking like a crazy person, twelve hours previous to my visit, 9 a. m. Had had a number of fits; none could tell how many. Was now comatose, tongue swollen and protruding, breathing laborious, frequent, stertorous; pulse 90 and small. Tied up the arms and opened a vein in each, at the elbow. Let the blood, which was of a very dark color, flow until it ceased spontaneously, when about 3xxx had been withdrawn. Found the pulse had improved. Attempted forcible dilatation of os uteri, but without success.

R Chloral..... gr. x,
Pot. brom..... gr. xx,

In syrup every three hours. At 5 p. m. no more convulsions; breathing improved; tongue withdrawn; some feeble labor-pains, and labor had advanced to second stage; vertex presenting; fœtus evidently dead. If I had owned obstetric forceps, I would have delivered my patient at this time, but was forced to leave all to nature, only giving a cathartic to stimulate expulsive pains.

May 7th. During the past night she was delivered of a dead fœtus; still unconscious, and has evacuated the bladder and rectum in bed, without warning. Ordered her to have ergot and quinine.

May 9th. Consciousness has returned, but recalls nothing of the events of the past three days. Complains of frontal headache, with great stiffness and soreness all over.

She made a rapid recovery.

CASE IV.—February 19th, 1880. F. W., single, white, primipara, robust and healthy. Had been complaining of headache and feeling badly for a day or two. Was taken with convulsions at 4 a. m., and I saw her at 2 p. m.; just passed through a convulsion. Tongue swollen and protruding, bleeding in places; breathing labored, frequent and stertorous; examination showed first stage of labor begun, os uteri thin, dilating and dilatable. Tied up both arms and punctured veins at elbow. The right arm bled to 3xx, the left refused to bleed:

R Brom. pot..... gr. xxx.
Morph. sulph..... gr. ½.

Every hour. Gave chloroform by inhalation, and attempted to turn and get hold of the feet, but without success. Chloroform was pushed whenever she manifested great restlessness. At 4:30 p. m. second stage of labor had been completed, and having no

forceps with which to deliver the child. I made an incision in the vertex of the already dead fœtus, and inserting my finger, soon accomplished delivery.

I now found hour-glass contraction of the womb, but with a little time and considerable exertion, delivered secundines entire; at the same time stimulating the uterus to contract by kneading. At 5:30 p. m. tongue withdrawn; breathing much improved; pulse soft and compressible.

R Calomel,..... gr. ij,
Sulph. morph.,..... gr. $\frac{1}{4}$.

Every six hours.

February 20th. Consciousness returned during the night. She has no recollection of the occurrences of the previous day. Symptoms favorable.

February 25th. Recovered.

CASE V.—November 28th, 1880. Called to see Mrs. M., æt. 28, white, married, the mother of four children, the youngest seven days old. In her confinement had been attended by a midwife, and nothing unusual was noticed, except the patient was despondent, and frequently spoke of dying. She also had persistent headache; had no dropsy, nor had received any injury. Forty-eight hours before I saw her all thought she was doing remarkably well, when suddenly she gave a loud scream, followed by another. She said her head had burst, that she was going to die, and implored her husband to take good care of the children. Shortly after this she had a terrible convulsion, requiring the strength of three men to hold her in bed, biting her tongue, and frothing at the mouth. She never regained consciousness, and had convulsions, recurring at intervals of less than an hour, for the next eighteen hours. When seen by me she had had no convulsions for five or six hours; skin cold and clammy; breathing rapid and superficial; pulse almost imperceptible; eyes fixed and staring. In a few minutes death ended the scene. No *post-mortem*.

CASE VI.—June 1st, 1881. Mrs. W., white, married, fourth pregnancy. Saw her at 7 a. m. Attendants said she had had two hard fits, about half an hour apart; that it still lacked two or three weeks of her term; that she had passed large quantities of urine the night before; that she had complained very much lately of persistent frontal headache; that just before each fit she had vomited bile mixed with mucus and saliva. She now vomited again, and attendants warned me she would have a fit. In a few moments I saw her eyes become fixed, her face drawn strongly over the left shoulder. Then commenced one of those terrible convulsions seen only in puerperal eclampsia, with her face drawn strongly to the left. Convulsion lasted between three and four minutes, patient biting her tongue and frothing at the mouth; remaining comatose several minutes after convulsion ceased.

As this patient was not in robust health, I resolved to try the morphia treatment. I, therefore, dissolved sulph. morph. grs. ij, and gave at once, *per orem*. Upon examination I found feet and

legs slightly œdematous, os uteri high up, thin, dilated to the size of half a dollar. Made strenuous efforts at further dilatation, with some success. Head presentation—head not large, and pelvis roomy. At 9 a. m. she began vomiting again, and, fearing another convulsion, I applied chloroform to her nose; but it was too late. She went off into another fearful convulsion, her head this time drawn strongly to the right. I now tied up her arm and bled to 3 xx. I also gave hypodermic injection of one and one-half grains sulph. morph. into the cellular tissue, over deltoid muscle. This made her drowsy, and I made still further efforts at dilatation. At 11 a. m., her respirations numbered ten per minute, pupils contracted, pulse 80 and full. She made another effort at vomiting, followed by convulsion. I now had the temerity to dissolve two grains more of sulph. morph. and administer *per orem*. At 1 p. m. patient profoundly comatose, respirations eight per minute. Without premonition she had a violent convulsion. After this had ceased the outlook was gloomy, indeed. Respirations sighing, as if each one would be the last, and numbered only four per minute. By my attempts at dilatation the respirations improved slightly, and at the end of an hour's hard work succeeded in applying long forceps and delivering a living female child weighing seven pounds. Child seemed fully developed, was cyanotic, and respiration was established with some difficulty. The placenta being removed, the mother was put to bed. Respirations four per minute, and sighing. Kept up artificial respiration by elevating arms above the head and bringing them back again to the sides for some hours. Gave strong, black coffee, and stimulating doses of carb. ammon. with quinine.

June 2d, 8 a. m. Patient has just recovered consciousness; re-collects nothing since first convulsion; respirations almost normal; pulse 60, full volume; complains of headache, and of being sore and stiff all over. The child lived but twelve hours.

June 3d. Patient continued to complain of her head for some weeks, and, aside from an occasional cathartic, she had,

R Potass. bromid.,..... gr. xx,
Tr. hyoscyam.,..... f. 3ss,
Tr. nuc. vom.,..... gtt. v.

In syrup, three times a day.

June 30th. Patient able to be about the house, though still feeble and complaining of her head. At this writing she enjoys her usual health.

I offer a few deductions of my own, the value of which each one may determine for himself:

1st. The division of puerperal convulsions into three classes, as is done by some obstetricians, is entirely without foundation. Hysterical convulsions are hysteria; epileptic convulsions are epilepsy; apoplectic convulsions are apoplexy; while puerperal convulsions, or eclampsia, are *sui generis*, and without relief, tend to death.

2d. I consider Case 5 to be the course of pureperal eclampsia when unchecked by medical art. I have the first case to hear from that recovered without aid.

3d. In Case 6, I would have the reader note; (a) The head drawn first to one side and then the other, showing that the irritant is equally in both hemispheres of the brain; proving as I believe, that these attacks are not apoplectic; (b) That no amount of morphia compatible with life will arrest all cases of puerperal eclampsia.

4th. Note the frontal headache is a prodrome in every case; and in every case where the fact was noted at all the os uteri was thin and stubborn in character, and the labor pains were irritating and inefficient.

5th. The temperature was not taken in these cases, but I do not think there was great departure from the normal in a single case, unless it was lowered.

6th. If the urine had been tested after convulsions were established, doubtless albumen would have been found, as it is in all cases in which respiration is interfered with, and hæmatestis is imperfect.

7th. I would treat pureperal women with persistent headache by the exhibition of brom. pot. and nux vom. At inception of labor would give xx grain doses of chloral. After a convulsion I would bleed, deliver as rapidly as possible, give chloroform by inhalation at evidences of recurring convulsions, since they recur rhythmically, and the time of one seizure passed over, there is a lull, so to speak, until the next period of excitation. I would use chloroform so long as convulsions threatened, and use only moderate doses of opiates or other drugs.—*Med. and Surg. Reporter.*

THE LEGAL RESPONSIBILITY OF PHYSICIANS.

There are very few medical gentlemen who thoroughly realize the importance of some knowledge of the legal responsibilities they may incur in the daily routine of the profession. The British Medical Journal, in a recent issue, relates several striking instances of this unsuspected danger. In one case a woman, who was arrested on suspicion of having concealed the birth of a child, was examined by the Police Surgeon, to ascertain whether she had recently been confined or not, although she had previously confessed to the birth, and remarked that "there was no use in examining her." She subsequently brought an action for damages against this physician, on the ground of assault; the presiding Justice charged the jury in these words: "Before the examination took place she admitted having had a child; the jury must ask themselves, if that admission was made, why examine further; there was no legal authority whatever to examine this girl." After a short absence the jury returned a verdict of one hundred and twenty-five dollars damages for the plaintiff.

Some years ago one of our most prominent surgeons in this city was called upon to attend a fracture of the femur. The bone was set and the limb placed in proper position, while careful instructions were given for future management; and absolute rest enjoined. The latter injunction was disobeyed, erysipelas supervened, and shortening of the leg was the result. A suit for dam-

ages followed, and while the surgeon was successful, yet he was forced to much undeserved expense and annoyance. Many such cases are reported and could be cited to prove our position. We must ever remember that there are many unprincipled persons in the world, and also anxious, eager, vulture-like lawyers, ever ready to whisper into the ear of a willing client, "Sue him for damages: he has money; he has treated you badly, make him pay for it;" and there are many ready and willing to listen to this evil advice. Some of the English courts hold that whenever a physician makes an examination of a woman without having her clearly expressed consent, he is guilty of an *assault*. She may not resist, they claim, because there may be, to her knowledge, some collateral circumstances capable of forcing her acquiescence if she does refuse; though these fears may not be well grounded, yet if they seem to her sufficient to make resistance, to her mind, useless, then such an unwilling examination constitutes assault. They even decided, as far back as 1824, "That if a medical man unnecessarily strip a female patient, under the pretense that he cannot otherwise judge of her illness, it is an assault, if he himself takes off her clothes.

These decisions are all eminently just and proper. Morality is one of the greatest foundation stones of social prosperity, and must be most zealously guarded. The purity and privacy of the female must be rigidly maintained, if morality is to be encouraged, and this barrier which must ever surround the modesty of woman can only be passed when the absolute necessities of deranged health imperatively demand it, and then exposure must only be carried to such degree as is indispensably necessary. These decisions are based on the unnecessary exposure of the female, and are, therefore, just.

Since there are many women who are ready to be induced to bring suit against physicians on the slightest provocation, or even, indeed, without any just cause at all, it, therefore, will be a wise precaution to bear ever in mind the fact that it has been decided that examination without express consent constitutes assault.

To avoid this trouble, in which many have and many more will innocently find themselves, unless they heed this caution, it should be made a rule to previously obtain full and free consent from a woman, before a witness or witnesses, ere you undertake an examination, and to surround yourself with the additional safeguard of a witness during the operation. The relations sometimes existing between physician and patient are of an extremely delicate nature, and unless carefully and cautiously conducted, may, in certain instances, redound greatly to the detriment of the physician.—*Med. and Surg. Rep.*

Incontinence of Urine.—For incontinence of urine in children Dr. Janaway (New York Med. Record) recommends a combination of ergot, belladonna, and iodide of iron. He says that this prescription is more useful in this affection than any combination of drugs known.—*Ex.*

ABSTRACTS AND GLEANINGS.

The Treatment of Syphilis without Mercury—A New Abortive Method.—Dr. J. Edmund Guntz, of Dresden, in a work just published by him, makes some novel announcements regarding the treatment of syphilis. If true, they are of the highest importance, for he claims to be able "not only to do away with mercury in syphilis, but in a large proportion of cases to abort the disease."

It is now over twelve years since Dr. Guntz first wrote on this subject. He is, therefore, not a novice in the matter. In 1869 he advocated the use of bichromate of potassium as being a useful drug in treating syphilis.

He could not prove any very great advantages for it, however, at the time. It acted slowly and was apt to disturb the stomach, but being convinced that there was something in the drug, he set to work to find some way of getting more into the system without producing functional disturbance. For a time he combined the bichromate with the nitrate of potassium, and gave pills containing about 1-15 gr. of each three times a day. With these pills he produced "remarkably favorable results." Yet the action was slow, and a prompt amelioration of symptoms was needed, as in malignant cases the remedy would hardly meet the expectations.

From the favorable results obtained by giving the various minerals in solutions with carbonic acid water, our author was led to attempt administering chromium in the same way, and with, as he now claims, very great success. He found that much larger doses could be taken in this form, and that a profounder impression on the system could thus be made. As a maximum dose he was able to give three and a half grains (.3 grammes) daily of bichromate of potassium in about 600 grammes of carbonic acid water, this being divided into five doses. Larger amounts provoked vomiting.

This "chromwater," as he calls it, could also be given daily for weeks and months in all forms of syphilis without detriment to the health.

Having described his method of giving the drug, Dr. Guntz discusses its action upon the initial stage of syphilis and upon the disease itself after its full development in the system.

In estimating the possible value of any drug as an abortive of syphilis, the numerous sources of error are referred to. The existence of and difference between true chancre and chancroid are admitted.

The following are his statistics:

Within one and a quarter years the author treated 194 cases of chancre. For a comparative study he selects only 85 of these, since in the others there were sources of error. In 14 of these 85 cases the sores were cauterized. The remainder were treated with nothing but the chromwater; and in 47 of them constitutional syphilis failed to appear. In order to avoid every possible

chance of mistake, the author excludes 10 of this 47. Even then there were left 37 patients, or over one-half, who, when given chromwater alone, developed no after-symptoms. It is not stated, however, how long they were watched, except that 18 were under observation for 159 days.

Still more favorable results took place with the 14 cases in which the initial lesion was cauterized. Of these only two developed symptoms of constitutional syphilis.

Of the 85 patients, therefore, presenting, as Dr. Guntz asserts, initial lesions of syphilis, 49, under the "chromwater" treatment, remained entirely free from the disease. This is certainly a very extraordinary showing, and will be received with a great deal of incredulity.

If this new agent is given after constitutional symptoms make their appearance, its action is to ameliorate the disease and hasten its course. It is efficient even in cases where mercury fails, and it acts more pleasantly and promptly. In fact, the disease is "in the shortest time definitely cured."

The author has, for several years, used the chrome salt exclusively in the treatment of syphilis, and has given it in more than a thousand cases. He has recorded the histories of a large number of his cases.

Dr. Guntz has also used his chromwater with the best results in diphtheria.

He suggests that the drug acts by reason of its powerful oxidizing properties. Without committing himself to any germ theory, it is thought that there is certainly a specific poison which develops in the various contagious diseases. And in chromium we have an agent that is not inimical to the system itself, but rather benefits it.

The importance of Dr. Guntz's claims, and the caution with which they should be received, are alike apparent and need no comment.—*Medical Record*.

Fractures of the Patella.—M. Pinsot, in a review of the subject of operative interference of these fractures, draws the following conclusions:

1. Puncture of the joint should be practiced in all cases where there is much effusion into the articular cavity; it should be immediate, and it is not necessary to follow it by drainage.

2. After the puncture, and in cases where the ordinary apparatus are insufficient to maintain coaptation of the fragments, suture of the divided patella may be practiced, as recommended by Kocher.

3. In all cases the apparatus should be examined very frequently for the first few days, until the articular swelling has subsided.

4. For several months after the union of the fracture the limb should be provided with an apparatus limiting flexion.

5. The opening of the articulation with osseous suture is suited to cases in which puncture is not sufficient to remove the articular exudation.

6. It is necessary also in pesendarthroses and in cases where an excess of callus interferes with the motion of the joint.—*Revue de Chirg.—Amer. Jour. Med. Science*.

Treatment of Pneumonia.—I wish to draw attention to the remarkable effects produced by the perchloride of iron, combined with hydrocyanic acid, in cases of pneumonia of a low type, especially those due to blood-poisoning. Most practitioners will agree in having seen cases of pneumonia run a course so like, in its general aspect, that of erysipelas, as to lead them to imagine that they might be due to a similar cause, taking effect in the interstitial substance of the lung, instead of in the subcutaneous tissue. I have seen many such, and I have begun to apply a similar treatment, with, as I say, truly marvelous effects. The first case of the kind, in which I ventured on this treatment, was that of Mrs. G., aged 35, who had double pneumonia, with pleurisy on the right side, in February, of last year. When I first saw her, the pulse was 140, the temperature in the axilla 103° , and the sputa of a deep rust color. I ordered mustard and linseed poultices, and the following mixture:

R. Liquoris ferri perchloridi fort. 3 ij.
 Acidi hydrocyanici (Scheele) M viij.
 Aquam ad. 3 viij.

M. Two teaspoonfuls to be taken every hour, with an intervening teaspoonful of brandy in water.

After thirty hours, the pulse had fallen to 100, the temperature to 99° , the sputa were entirely devoid of blood, and the breathing was almost normal. This patient made a rapid recovery.

In the last case of the kind, coming under my notice, which occurred last week, the patient seemed to be in a state of collapse, or syncope, the pulse was 144; the breathing in short gasps; the finger-ends, as seen through the nails, of the color of a thundercloud; and both lungs in a general state of clog. Delirium also lasted a whole night. She had complained of shortness of breath, and had a phthisical aspect and family history, but had never had any cough until the present time. I ventured upon the same treatment with her; and her pulse is now 96, temperature all but normal, sputa devoid of blood or discoloration of any kind, and she herself anxious to get up.—*D. Biddle, Kingston-on-Thames.*

Blood Enemata.—Dr. Sansom thus writes of the employment of blood in nourishing enemata: Ox blood is usually employed, but sheep's blood may be used. It is necessary that it be defibrinated the moment it is drawn. Butchers understand this process, and will supply what is called "whipped" or "stirred" blood. It is, of course, requisite that the blood be fresh—that it be not kept more than a single day. In urgent cases, where there is no stomach digestion, two or three ounces of blood may be injected into the rectum every two or three hours; the fluid may be warmed by placing the containing vessel in hot water, but it is often borne equally well when cold. For chronic cases in which it supplements stomach alimentation, it is administered in quantities of from two to six ounces twice a day. In some cases it tends to promote constipation; in a very small percentage, the opposite condition of irritability.—*The Lancet.*

Delirium Tremens.—At a recent meeting of the Cambridge (Eng.) Medical Society (Lancet), Dr. Latham introduced the subject of the treatment of delirium tremens. He thought the subject offered scope for considerable difference of opinion, and was a suitable one for general discussion. He referred, first, to sleeplessness as a prominent symptom, and said that if sleep were obtained, recovery generally ensued quickly. Was the induction of sleep, then, a *sine qua non* in treatment? If sleep did not ensue, subarachnoid effusion and coma were likely to follow in some cases, while the majority might recover; but Dr. Latham thought the disease ought to be treated actively, and that dangerous remedies might be used with advantage to patients. He divided cases of delirium tremens into three classes: (1) Patients in moderate health who had used stimulants in excess; (2) those in robust health who had indulged after excitement or distress, chiefly young men; and, (3) those broken down in health, and with damaged organs. The first class he thought could be treated with opium, without risk, provided the urine was free from albumen; and he had been surprised to find albumen in the urine in a large proportion of cases without any other indications of kidney disease, and the albumen disappearing as the patient recovered. If albuminuria existed, the use of opium or morphia could only be pernicious. The first thing to do was to give soup, beef-tea, and alcohol in nearly the accustomed doses for twenty-four hours, and then opium; having previously given, if necessary, a dose of calomel. He advised the hypodermic injection of morphia, first in half-grain doses, and then in doses of one-quarter-grain every half hour till sleep was procured or the patient was distinctly under its influence, as shown by the condition of the pupil. He believed diminution in quantity of stimulants taken by the patient to be an early symptom, and not a cause of the disease. In the second class he advised, not opium, but henbane. He had given bromide of potassium in forty-grain doses every four hours, and found the tincture of henbane in doses of one drachm every four hours succeeded better. He also thought that Merck's preparation of hyoscyamine would be useful, but had not yet given it a trial. In the third class he thought opium should be given with great caution, and that free administration of stimulants was important, even as large doses as those customary with the patient. He mentioned a case in which a gentleman, in his eager desire for insensibility, had taken 240 grains of chloral and the same quantity of bromide of potassium at a dose, and survived after very free action of the skin, bowels, and kidneys. He deprecated the use of large doses of digitalis, as suggested by Dr. Jones, of Jersey. Mr. T. Hyde Hills, speaking from his experience as a jail surgeon, thought leaving off stimulants was a cause of the disease, and that many prisoners became delirious after admission, owing to this deprivation. He advised giving the usual amount of alcohol to which the prisoner had been accustomed, and thought chloral of benefit. Mr. Hodson thought that the combination of chloral and capsicum was useful. Dr. Smith alluded to the usefulness of cold sponging of the body, as a means of inducing sleep. Dr. Latham, in reply,

stated that he recommended the capsicum in confirmed cases; it was much esteemed in India. In young men he approved of Dr. Graves' plan of giving antimony and opium every two hours.—*Med. and Surg. Reporter.*

Ozone as a Sleep-producing Agent.—Prof. C. Binz, in a series of articles contributed to the Berl. Klin. Wochenschrift, announces the discovery of nerve-depressing and sleep-producing properties in ozone.

The accepted view regarding this gas has been that it is very easily decomposed, nascent oxygen being set free; that it is extremely irritating on this account to the tissues, acting much like chlorine, and that it cannot be absorbed by the blood. Binz, however, shows that in proper quantities it is not irritating, can be inhaled and absorbed, producing, as he claims, peculiar effects on the nervous system.

The experiments were tried upon human beings. Dr. Hugo Schultz was the first to submit himself. Subsequently five other gentlemen inhaled the gas. Three of them were put to sleep by it, the others were slightly stupefied or otherwise depressed. The time required for bringing on sleep varied between six and sixteen minutes. The sensations during this time were very agreeable. After removal of the gas the sleeper would awake within half a minute, generally sooner. It was suggested that in one quite susceptible person the condition was a hypnotic one, but inhalation in the same way of pure air produced no effect. After awaking, there was some feeling of fatigue, but this soon passed away.

Large and prolonged doses of the gas produced sensation of nausea, dizziness, and strangling; but the diluted ozone was breathed for over half an hour without harm. Binz states that in too small amounts no effect is gotten; in too large ones irritation is produced. He compares its action in this respect to that of alcohol when given. Prof. Binz claims no practical results from his discovery as it stands at present, but thinks that like every new scientific truth it may have eventually some useful bearing.—*New York Med. Record.*

Deaths from Chloroform.—Within a few weeks two patients have died in Chicago from the effects of chloroform administered for the purpose of having teeth extracted. The last case occurred December 20th. The patient was in a dentist's chair, and a physician administered the anæsthetic. Thirty minutes were required to anæsthetize the patient, and from an ounce and a half to two ounces of chloroform were administered. The patient became cyanosed and ceased to breathe after two or three teeth had been extracted. He was a man about forty years old, and was supposed to be healthy, although neither the dentist nor physician had ever seen him before or even knew his name or residence. The patient was in a sitting posture during the anæsthesia and operation.—[The Boston Med. and Surg. Journal.]

Do Southern Hogs Have Trichinæ?—An investigation, which seems to show that southern hogs do not have trichinæ, was made by Dr. Jansen T. Payne last summer. His report was submitted to the American Public Health Association at its last meeting. In six months Dr. Payne examined 5,400 hogs, finding only 22 infected with the parasite in question. The infected animals were reported as having been received from the following places: St. Louis, 18; Louisville, 2; and from the West, marked "unknown" 2; making the total of infected hogs, 22. Of the hogs examined, only 529 came from St. Louis; most of them came from Louisiana (2,473) and Tennessee (1,060).

The observations lead to the belief, therefore, that southern-bred hogs are free from trichinæ. Still, such a deduction is not absolutely safe. If the fact were really proved, it would be one of great advantage to southern pork-raisers. Even as it is, they can profit by the fact that Tennessee and Louisiana hogs are almost entirely free from disease.

Incidentally, some other facts regarding the origin and communicability of trichinosis were developed. Observations seemed to show that hogs infect each other when enclosed in the same pen, and do not depend upon the rat as an intermediate host. The parasite is passed out of an infected animal along with undigested food, is then eaten by a sound hog, who in turn becomes infected.

By Dr. Payne's examinations it was also ascertained that all the hogs infected with trichinæ were corn-fed animals. No mast-fed animals was found to be infected.—*Journal of Comparative Medicine*.

Sulphur for Pimples on the Face.—Dr. Gage Parsons believes that Mr. Erasmus Wilson was the first to propose sulphur lotion in acne punctata, according to the Practitioner. The usual lotion of the flowers of sulphur with glycerine and water is undoubtedly a valuable remedy, but from the readiness with which the sulphur separates it is inelegant and inconvenient, while it is not quite satisfactory in its results. A far more efficacious mode of using sulphur is to dust the face with pure precipitated sulphur every night with an ordinary puff used for toilet purposes. Recently two severe cases of acne of two year's standing, which had resisted the ordinary method of treatment, yielded at once to sulphur thus applied. If the sulphur be scented with oil of lemon or roses, it will form an elegant cosmetic.—[Can. Med. Rec.]

Earache.—"In the course of practice you will often be called upon to attend a case of earache. This means, pathologically speaking, acute inflammation of the membrana tympani. Now, in such cases you may quickly subdue the inflammation, relieve the patient from the excruciating pain he is suffering, and save him, perhaps, from subsequent confirmed deafness. The treatment, from which such a desirable result may be obtained, is similar to that which you will find so beneficial in analogous cases of eye diseases—viz: leeches behind the ear, hydrag. c. creta and belladonna powders, with warm fomentations."—*Wharton Jones, in London Lancet*.

To Remove Foreign Bodies on the Conjunctiva Beneath Upper Lid.—Dr. Roosa, in New York Medical Record, says:

In the first place, the patient, so far as possible, should be in a comfortable position. He may be seated in a chair with the head well supported. With a foreign body in the conjunctival sac the patient is in distress, and his eyeball is not entirely under his control. He is not as able to respond to your requests as to where he should look as though it were not there. Get the head, therefore, properly supported, and then with the thumb press the integument of the lid against the eyebrow, so as to put it upon the stretch, and tell the patient to look down—not to turn the head down, but to turn the eyes down. Then catch the eyelashes and edge of the lid with the fingers of the other hand and turn the lid quickly over the thumb; in the meantime the patient looks down constantly. You see how readily, by this simple manipulation, I have succeeded in exposing our friend's conjunctiva, which we find to be hyperæmic in a marked degree, and yet, unless you have practiced these movements somewhat, you will be mortified when you make your first attempt to perform this simple operation with lookers-on around you. An intelligent assistant will be of advantage, and there is scarcely any place in which you cannot secure one to hold the head, and his determination must be that the patient shall not turn his head down, but shall look down, and thus turn the eyes downward.

Next, how are you to remove the foreign body after you have found it? How shall you get rid of that little black speck which has been the cause of so much discomfort to the patient—which, perhaps, has given him a very uncomfortable night, has concentrated all his attention, and almost led him to curse railroad carriages? It is usually a simple matter after having everted the lid, but there is method even here. If it is a lady who has thus been selected, she will have her own handkerchief in her pocket, and she will feel better satisfied if you will use that rather than your towel, for she will not feel sure that the towel is clean, while she knows that the handkerchief is.

Remove the foreign body with the handkerchief, then, and do not throw it away. Show it to the patient, and be sure that he or she recognizes it—and why? The little shallow depression which that foreign body made in the conjunctiva will give a sensation of discomfort, and sometimes, not always, give rise to the same symptoms that existed before the foreign body was removed. It is well, under such circumstances, to have the proof of what you have done, lest the patient say, "He said he took it out. I paid him for removing it, but I know it is in there yet."

In the majority of cases, however, the feeling of comfort is so great, the relief is so instantaneous, that there is no occasion for such unpleasant complaint.

You will seldom need any instrument for removing a foreign body from the conjunctival sac, beyond the hands and a delicate piece of cambric or a smooth, well-worn towel. The patients very seldom need any after treatment. It is well to direct that the eye be bathed with warm or cold water, and protected from dust,

and the blood-vessels will soon return to their normal condition. I should mention that occasionally a patient will return, insisting that a foreign body is in the eye, when there is none there. A few evenings since, a medical gentleman came to me, saying, "I have something in my eye, and I am suffering very much. My friend, Dr. —, says there is nothing in it, but I know that there is." But I was unable to find it, and the man's indignation was very great, and he exclaimed, "I know it is there, for I feel it." I then examined his eye very carefully again, after which I said to him, "You may be certain that there is no foreign body in your eye." I first examined his eye by the aid of ordinary light, but when he was so positive with reference to the presence of the foreign body, I took him to a gas-light and with a two inch lens, threw the concentrated rays into his eye, and examined the entire conjunctival space, and then I was unable to answer him in the most assuring manner. What was the cause of his sensations? An attack of conjunctival catarrh was beginning. Many of those cases begin very suddenly, as though something struck or entered the eye, and you must not be deceived and take it for granted that there is a foreign body in the conjunctival sac simply because a patient has a sensation as though some rough substance is pressing upon the cornea.

Ergot and Opium in Obstetrics.—Put about two drachms of spurred rye in a pipkin, on which pour half a pint of boiling water, cover and place it before the fire, and let it simmer until it assumes the color of strong tea; then strain, and mix one and a half drachm of tinct. of opium. B. F. Give a patient about half of the mixture, and if necessary, give the remainder in half an hour afterwards; although it very rarely happens that a second dose is needed. It is better not to administer the above until the os is well dilated. Since using the above mixture in midwifery, Dr. Samuels says he has not had one fatal case of the child, nor a case of hour-glass contraction of the womb, so frequently met with, while giving ergot alone—nor an unmanageable case of asphyxia in the child. The above combination has also proved successful with the use of the forceps, even in a threatened case of post-partum hemorrhage. Dr. Samuels says he has used opium with ergot in about five hundred cases, and in each good results followed, whether in labor cases or flooding, or from other causes.

He also speaks of having noticed that the late Sir James Y. Simpson, of Edinburgh, on one occasion administered a vapor of ether and ergot, for the same purpose as he prescribed his formula, with beneficial results.—*Bradford. E. C. Med. Journal.*

A Prize of \$1000 in Waiting.—Some few years ago a prize of \$1000 was offered by a Boston physician for the best essay on "The probability of the Discovery of the Cure for Malignant Diseases, and the line of Study and Experimentation likely to bring such a Cure to light" Three essays were presented, neither of which was deemed worthy by the judges. Dr. J. C. Warren, representing the donor, announces that the question is still open and

the money remains on deposit for the successful competitor. Essays must be presented not later than December 1st, 1883. The decision will be made chiefly from a practical stand-point, the object of the donor being to obtain suggestions by which a search for the cure for cancer may be instituted. The amount of the prize is commensurate with the magnitude of the subject, and ought to bring forth fruit if there is a reasonable share of literary ambition in the profession. We believe it is the largest sum ever offered in America as a prize for a literary or scientific production.—*Pacific Med. and Sur. Journal.*

Treatment of Infantile Diarrhœa.—This is the chief disease of infants, and the hygiene is more necessary very often than the medicines employed. Among infants at the breast, the cause of diarrhœa is as often the fault of the nursing mother as of the infant. The abuse of baths is a prime cause, being often more injurious than beneficial, from being too prolonged, instead of a single washing of the body.

As to dentition Dr. Simon attributes great influence, though denied by many authors. In the simple cases, after ascertaining the cause, if possible, stop everything but the milk and give a spoonful of coffee with a little alkaline water. A tepid bath should be given each day and a starch injection; every day at each meal give a portion of the following powder:

R	Calcined magnesia,.....	10 grammes.
	Prepared cream.....	} aa 2 grammes.
	Sub. nitrate of bismuth.....	

At last apply warm fomentations to the bowels.

If the diarrhœa continues and becomes catarrhal, *i. e.*, accompanied with a considerable secretion and intermitting fever, it is better to give a vomit and afterwards a portion of subnitrate of bismuth, 4 grammes with one drop of laudanum, to an infant under one year of age.

At the advanced stage the diarrhœa becomes sympathetic of enteritis. This is distinguished by the passages, which are green, acid and extremely irritating. The fever is persistent and the countenance indicates suffering, a sign very significant of unfavorable results.

It is now necessary to give laudanum, the true treatment of enteritis, with sub-nitrate of bismuth, a drop of the former to 60 grains of the latter, to each year of age. Paregoric can be used in the place of the laudanum—5 drops for 1 of laudanum. It ought not to be forgotten to continue the laudanum after the passages are checked, but in diminished doses. If vomiting should occur, prepared chalk and lime-water should be applied, and a small blister over the epigastric region, using the necessary precautions.

In enteritis it is often observed that membranous fragments are expelled, with violent colic, and in these cases the injections should be frequent and cathartics used. It is necessary to keep up this

treatment with alkaline waters, excluding grease and indigestible articles, and hydrotherapy, when the age of the infant permits.

Chronic enteritis is extremely difficult to treat; opiates and astringents should be used and afterwards revulsives, as tr. iodine, croton oil, and vesicatories.

The treatment of diarrhœa is of great importance, because it may be but the beginning of choleraic diarrhœa. In these cases the danger is imminent. In these cases give a spoonful of coffee and Malaga wine, and coffee and brandy. If possible, a wine bath should be given; this stimulates the functions of the skin, and should only last five minutes.—*Jules Simon, in Journal de Therapeutique.*

Sudden Death During Forced Depression of Tongue.—

A woman, sixty years old, suffering from tinnitus aurium and partial deafness, applied to Dr. Moure, who ascertained the existence of catarrh and obstruction of both eustachian tubes. Wishing to examine the pharynx, he directed the patient to open her mouth; the tongue being in the way, he introduced a depressor. No sooner had he depressed the tongue than the patient drew a hissing inspiration, and commenced suffocating. Believing he had to deal with a spasm of the glottis, the Doctor had recourse to artificial respiration, but asphyxia increased, rales set in. Tracheotomy was then practiced, but asphyxia continued, spumous blood was discharged through the cannula and by the mouth, and the patient expired.

The Doctor believed that the spasm of the glottis occasioned by a forced depression of the tongue would not, of itself, have been sufficient to cause death in a strong and healthy person, but, in the present instance, the patient being under some emotion, an old cardiac had probably been awakened and a rapidly fatal congestion, or apoplexy of the lungs had followed. This opinion was, to some extent, borne out by the fact that the patient showed marks of scarified cups under the left breast.

In commenting on the above case, the editor of the Paris Medical (No. 46) observes that it accords with what he has long ago published on asphyxia caused by enforced immobility of the tongue. If a patient's mouth be immoderately opened by means of a gag, the tongue can no longer move, deglutition of saliva becomes impossible, and the larynx is immobilized. Under these conditions, rapidly fatal asphyxia can be produced. An instance of it has been observed. Satisfactory evidence may be obtained from the following experiment: Let the tongue be immobilized by placing a finger upon it, the mouth being opened or closed; or, let the jaws be kept wide open by a bit of wood inserted between the teeth, and the result will be a respiratory anguish which, if prolonged, would lead to asphyxia.—*American Journal of Obstetrics.*

A Novel Suit Against a Doctor.—A paper on the "Laws of Malpractice," by Dr. G. F. Souwers, contained in the Philadelphia Medical and Surgical Reporter, relates a novel case which took

place in Michigan. A physician who had been engaged to attend a lady, in confinement, took with him an assistant who was supposed by the patient and family to be a physician or a student, and who rendered aid in the delivery. It was afterwards discovered, to the consternation of the woman and her friends, that the assistant was simply a friend of the doctor, and had nothing to do with the study or practice of medicine, but, as was believed, had no other object than the gratification of a morbid curiosity. So great was the indignation against the doctor that a law suit was instituted on the charge of making an indecent and unprofessional exposure of his patient. The charge was sustained by the court and the doctor convicted. In this decision we heartily concur. A physician who would take the advantage of his professional privileges in that manner ought to be fined, imprisoned, and struck from the roll of the profession.—*Pacific Med. Journal*.

Tetanus Cured.—Dr. Layton reports in the New Orleans Medical Journal, a case of tetanus cured with the following prescription:

R Sulphate of eserine..... gr. $\frac{1}{4}$,
 Pure glycerine..... f. $\mathfrak{z}\text{ij}$,
 Syrup of orange flowers..... f. $\mathfrak{z}\text{xiv}$,
 Water..... f. $\mathfrak{z}\text{ij}$.

M. S. Teaspoonful (1-64 grain or one milligramme of eserine) every hour. I should say here that I was advised by Mr. Lascar, the obliging Chemist of Messrs. I. L. Lyons & Co., to use the solution in glycerine, eserine being so easily decomposed otherwise. Even the short exposure to the air of the salt, during the time required for preparing a dose, is sufficient to cause an increase in weight of the eserine so exposed. Mr. Lascar has remarked that glycerine prevents the decomposition of the solution.

From January 10th, in the evening, the doses of eserine were given at intervals of an hour and a half; later, the time was increased to two hours; the remedy was continued until January 17, when the child had taken, in all, 3 grains of eserine; the prescription was then discontinued, the only remaining trace of the attack being some rigidity of the jaws, which had entirely disappeared by January 30th.

Eserine or physostigma is an alkaloid obtained from calabar bean, and is an agent of great power, and should be given with caution.—[R&C. ED.]

Permanence of the Scarlatinous Virus.—Dr. G. T. Jenkins, of Keokuk, reports a very interesting case. A child was taken with this disease and died. There had been no known source of contagion. Upon inquiry it was learned that the parents had lost a child from this disease two years before, and that the only clothing saved had been a cap, made of woolen cloth, which had been packed away in a tin box, and that it was taken out and worn by the second child three days before he was taken sick. How long will the poison last?—*Med. and Surg. Reporter*

Some of the Consequences of Phimosis and Adherent Prepuce.—After brief reference to the antiquity of the custom of circumcision among the Jews and Egyptians, the writer (Editor Louisville Medical News) gives Dr. Sayre due credit for demonstrating these conditions as bearing a conclusive relation to irritability of the bladder and arrest of development of the lower extremities, etc., by reflex action, and proceeds to state that Dr. Sayre has not covered the whole ground.

"Dr. Barwell, in his Treatise on the Diseases of Joints (page 289) states that he has had forced upon his observation the coincidence of phimosis and hip-joint disease, which in his experience has been so frequent as to draw from him the opinion that it is not fortuitous, but is a physiological and potent relation—probably a cause to be ranked along with the strumous diathesis and local injury." His conclusions are based on a large number of cases and upon the observations of Mr. Baker, at Evelina Hospital, that Jews rarely have hip-joint disease.

"In Warren's Treatise on Hernia, just issued, there is quoted (page 17) an essay by Samuel Osborn, F. R. C. S., upon Phimosis as a Cause of Hernia in Infants." This essay was prompted by noticing the frequent co-existence of these conditions. "He thinks that the contracted preputial orifice offers such an impediment to the flow of urine that extraordinary efforts of straining are occasioned," etc.

"Again, Mr. Kempe is reported to have found that out of 50 cases of congenital phimosis, in 31 there was rupture."

"In the Alienist and Neurologist, for October, 1881, Dr. E. W. Saunders reports four cases of reflex gastralgia dependent upon adherent prepuce." The first of these was relieved, after failure with the usual remedies, by circumcision; the second, by detaching the prepuce. "The other cases were of the same nature, though the family history was not so good."—*Louisville Medical News*, January, 1882.

Paracentesis of the Bladder Through the Perineum and Prostate.—Mr. Reginald Harrison (British Medical Journal and the Medical Record), after justly criticising the various methods of relieving a distended bladder in old men with enlarged prostate, describes a means of relief practiced by himself upon a man eighty-four years of age. He passed a trocar with its canula through the perineum and gland into the bladder so as to reach the point where this viscus is uncovered by peritoneum, guiding the instrument by the left forefinger in the rectum. He then removed the trocar and secured the canula, *in situ* by means of tapes.

The advantages he claims are: More complete drainage, and, therefore, less danger from pyelitis, cystitis, etc., than where a catheter is retained in the urethra; a short "low level" urethra more adapted to the new relation of prostate and bladder; a continuous discharge of urine at night, with easy command over the same during the day, the flow being regulated by a spring clamp fitted to a bit of rubber-tubing, which latter is connected with the canula.—*Medical Times*.

Bad Effects of Quinine.—Dr. Marion Sims, in some comments on a paper published in the New York Medical Gazette of October 22d, refers to the fact that as early as 1847 Dr. W. O. Baldwin, of Montgomery, Alabama, had detailed several cases in which severe symptoms followed the administration of quinine. One of particular interest is that of a lady who received eighty grains in a few hours for an attack of pernicious intermittent fever; of this she was relieved, but the next day was blind, and has remained so to the present moment, a period of thirty-five years.

In the accompanying article of Dr. Baldwin, several cases of death attributed by him to the use of large doses of the drug are related, and experiments on dogs illustrating its toxic properties cited. Dr. Baldwin found, chiefly, a remarkable increase in frequency of the pulse, dyspnoea, maximal pupillary dilatation, convulsions, and, in one case, furious delirium, the dog biting and barking at everything about him. His observation that the effect of quinine is proportionately far greater on puppies than on grown dogs, is in harmony with the known fact that relatively small doses may prove fatal to children.—*Ame. Jour. Neurol. Psychiatry*, Feb. 1882.

Almost a Snake-Story.—The Boston Medical and Surgical Journal says:

A moving story comes to us of the sufferings of an unfortunate lady in a village in the northern part of New York State, who was recently taken violently ill, and when the local physician arrived confided to him the startling intelligence that there was a snake in her stomach, which she had swallowed last September while drinking from a brook. The report goes on to state that the doctor, upon investigation, "became satisfied that the woman had swallowed a tadpole, which has since turned into a frog," and that the presence and movements of the reptile in the stomach can readily be felt from the outside. The patient is to be taken to the hospital in Albany for treatment, and the subsequent developments of the case will no doubt be awaited with no little interest.—*Medical News*.

The Physician in Court.—Speaking of a recent trial in England, in which it was held that the surgeon in a certain case was forced to disclose the confidence of his patient, the Louisville Medical News (March 18) says:

"Those laws which compel a medical man to appear, and, upon pain of imprisonment, force him to divulge in open court the secrets of which he necessarily became possessed through his professional relations to his patient, are a relic of barbarity, a disgrace to the code, and should be erased from the statute books of all enlightened nations." Certainly the relations between patient and physician are as intimate as those existing between client and attorney. The laws of the country do not force a lawyer to disclose the statements of his client. The physician should not be forced to divulge the secrets of his patient.—*Va. Med. Monthly*.

SCIENTIFIC ITEMS.

The Hygienic Value of the Electric Light.—The French Scientific Journal *La Nature* summarizes a communication from Dr. Javal, who believes that the electric light is absolutely without danger to the sight, in consequence of the amount of division which can now be obtained in it. *L'Union Medicale* also reminds its readers that similar researches of great interest from a scholastic point of view were published in that journal in May and July, 1881; including the researches of Dr. Cohn of Breslau, who found that the electric light increases sixfold, as compared with daylight, the perception of yellow, and doubles the perception of green and blue. The observations of Dr. Blasius and Dr. Hopper in a discussion which took place at a meeting of the Brunswick Society of Natural Sciences, are also noteworthy. These scientists have shown that illumination by the electric light deserved preference over all other methods in use, for the following reasons: 1. It does not pollute the air with deleterious gases or other unhealthy products. 2. It induces a greater visual unity than with daylight or gaslight. The conclusion adopted by the meeting was, that "the hygienic qualities of the electric light have not hitherto been appreciated at their real value."—*British Medical Journal*.

A Naval Experiment With the Electric Light.—The Providence Journal gives an account of a trial of the electric light as used to detect the movements of vessels at night, especially torpedo boats in time of war. The light is placed in a parabolic reflector, which is pivoted to turn in any desired direction and moved by a small electric engine in the horizontal plains of the motion.

The experiment was directed by Captain Selfridge, of the United States Navy, and with the United States steamship *Nina* and a small steam launch from the torpedo station of Newport, R. I. The launch was sent to the outer harbor, followed after some time by the *Nina*, fitted with a light on each side, to seek for her in the darkness. The launch was to play around and approach with muffled oars and hidden lights as near as possible to the *Nina* without being heard. The little craft was promptly detected at considerable distance as soon as the light swept over her locality.—*Scientific News*.

Fecundity of Elephants in Confinement.—Barnum's baby elephant, born at Philadelphia, is growing rapidly, and is a vigorous creature in its third year. Its mother is again about seven months along in pregnancy, and it is therefore not unlikely that a second one will be born in this country. The sexes in Barnum's herd of elephants pair readily in confinement. We learn on good authority that an American resident in India of thirty years, never heard of an elephant being born there, and was astonished at learning of the birth of one in the United States.—*American Naturalist*.

Cotton Fiber.—A new staple of manufacture consists of the fiber of the stalks of the cotton plant. The stalk is disintegrated, and the fiber separated from the rest of the stalk, preserved and prepared according to the following method: First, separating the fiber from the stalk by passing through rollers, or by setting, then drying, then stretching or breaking, and then carding or hacking the same, thus producing a staple of the fiber alone. It is proposed to manufacture from this staple woven fabrics by spinning it, and twine, cordage and yarns, wadding, packing, calking and paper.—*Mechanical News*.

A LATE invention provides for extinguishing fires in the stoves of passenger cars, should they be by accident upset. For this purpose an elongated water-reservoir is suspended along the side of the car. Cords attached to the stove, and to valves which normally close outside in the reservoir, serve to operate said valves when the stove is upset, and allow water, through a perforated distributor, to flow into the fire.—*Ibid*.

THE process of whitening sugar was discovered in a curious way. A hen that had gone through a clay puddle meandered thence into a sugar-house. She left her tracks on a pile of sugar. It was noticed that wherever the tracks were the sugar was whitened. Experiments were instituted, and the result was that wet clay came to be used in refining sugar.—*Medical News*.

THE New York Fire Commissioners have experimented with asbestos as a material for fire-proof stage-curtains, and found it satisfactory. It will resist heat, without burning, long enough to allow any theater audience to leave before the fire could break out beyond the stage. No report has as yet been made, and the Commissioners demand as the final test that it shall be shown to their satisfaction that an asbestos curtain of the required size shall sustain its own weight. If this can be proved, legislative action will be asked to compel managers of theaters to adopt such curtains.—*Ibid*.

THE tunneling of the English channel is progressing so well that the first quarter of a mile is now completed. What looks especially encouraging is that the engineers are able to gradually increase the rate of boring which has attained the excellent average of 36 feet per day; and, in addition to this, the soil is now quite dry, there being a total absence of springs, the presence of which proved a source of much delay in the Abbot's Cliff heading. There are now about sixty men engaged on the works. They are employed in two night and day shifts, but it is proposed shortly to have an extra shift, making eight hours each, in order to expedite the work. No boring is done on Sunday, the men being chiefly employed on that day in lengthening the double line of metal in which the trollies carrying the debris travel. The boring has now advanced several yards under the sea in the direction of the Admiralty Pier at Dover.—*Ibid*.

PRACTICAL NOTES AND FORMULÆ.

Ergot for Lead Poisoning.—After long experience with this disease, in which (1) iodide of potassium alone; (2) electricity with tonics and nux vomica; (3) iodide of potassium and ergot have been fully tried, the conclusion was reached that the last was by far the most efficacious, usually enabling the patients to resume work in the mines in a month, whilst they were generally disabled for three months when treated without the ergot, though when the attack is a mild one, sulphate of magnesia followed by iodide of potassium usually relieves in a few days. The combination used is this:

— R Potassii iodidi..... ʒij,
Ext. ergotæ fluidi..... ʒj,
Ext. nucis vomicæ..... ʒj,
Tr. cardamoni comp..... ʒj,
Syrupi q. s. ad..... ʒiv.

M. Sig. Take a tablespoonful night and morning.—*Dr. J. A. Stiles, Therapeutic Gazette, Oct., 1881.*

To Prevent Pitting after Small-Pox.—We clip the following from Martin's Chemists' and Druggists' Bulletin, October, 1881.

R Carbolic acid..... ʒj to ʒiiss,
Olive oil..... ʒij,
Prepared chalk..... ʒij.

M. Apply to the face by means of a linen mask, having openings for the eyes, nose and mouth. Suppuration is less in duration and intensity than upon portions of the body left uncovered; where the stage of suppuration begins on the thirteenth to the fifteenth day, upon the face it occurs on the ninth to the eleventh day. The mask is generally removed when desiccation commences. Schwienmer, in *L'Union Med. du Canada*.—*Ame. Med. Jour.*

Iodine in Typhoid Fever.—Dr. Davis' formula for administering iodine in typhoid fever, is the following:

R. Iodinii..... gr. viij.
Potassii iodidi..... gr. xxx.
Aquæ distilatæ..... fʒ iss. M.

The dose was generally diluted with two tablespoonfuls of sweetened water, and repeated every four hours, for the first three or four days, and then every six hours until indications of convalescence appeared.—*Med. and Surg. Reporter.*

Diarrhea in Typhoid.—The excessive diarrhea of typhoid is said to be remarkably controlled by the administration of twenty drops of turpentine every two or three hours.—*New York Med. Record.*

Scrotal Pruritus.—A subscriber in California sends the following in answer to query in December number:

EDITOR MEDICAL TIMES—*Dear Sir:* In the December number of your journal, M. D. asks for a remedy for scrotal pruritus. If he will try the following, it will cure it:

R. Hydrarg. chlor. col gr. viii.
Spirits lavend. c. ʒ ss.
Aqua ʒ viii.

M. Apply three times a day. I have cured a great many cases with the above. One of the worst was a gentleman from Chicago who was troubled six years, and had tried several physicians there without permanent relief.—*Chicago Med. Times.*

Colicky Babies.—A writer in Chicago Medical Times suggests the following:

R. Potassii bromidi ʒ j.
Ol. anisi m j.
Mucil. acasiæ. ʒ ij.
Glycerini ʒ ij.
Aqua ʒ ss. M.

Of which ateachspoonful may be given when the colic comes on. We may order it without fear, knowing that it is perfectly safe and can do no mischief, which cannot be said of the various soothing combinations and carminatives in common use in the nursery which usually contain laudnum or morphia. In a former generation it was Godfrey's cordial that was popular; now it is Mrs. Winslow's soothing syrup; but the anodyne is the same in a different form.

Grease Eradicator.—Kilner (Boston Journal of Chemistry) gives the following recipe for this compound—

R Castile soap, in shavings ʒjv.
Carbonate of soda, powdered..... ʒij.
Borax, powdered, ʒj.
Aqua ammonia..... ʒviij.
Alcohol, ʒiiij.
Turpentine, ʒij.
Sulphuric acid, ʒij.

Dr. Hamilton's Prescription for Epilepsy.—

R Strychniæ sulph. gr. i.
Fl. ext. ergotæ..... ʒ ss.
Lig. potass. arsenit, ij.
Sodi bromid. ʒ ss.
Tr. digitalis, ʒ ij.
Aquæ menth. pip. ad. ʒ iv.

M. Sig. A teaspoonful before eating in a half tumblerful of water.—*Mich. Med. News.*



EDITORIALS AND MISCELLANEOUS.

MISTAKE.—Dr. R. L. Hinton, author of the article on "Trade-Marks" in our April issue, is put down in the index as a resident of Kentucky. It should have been Arkansas.

DARWIN DEAD.—Charles Robert Darwin, the celebrated Scientist and Evolutionist, died in England, on April the 20th, 1882, aged 74.

THE American Medical Association meets in St. Paul, Minn., on June 6th, 1882. President Woodward having gone to Europe, Vice-President Hooper, of Arkansas, will preside.

THE Louisiana Medical Society failed to hold its regular meeting on March the 29th, by reason of the floods. It is probable the President will call the Society together at an early day.

NO PRIZE.—The sum of \$98 was subscribed to the fund for the prize on Indigenous Medicines offered by the last Georgia Medical Association, but no paper worthy of a prize being presented, the money was returned to the donors.

The Association offered a prize of \$50 for the best essay on *Practice, Obstetrics, or Hygiene*.

THE Banquet given at the Markham House by the Profession of the city, to the members of the State Medical Association, was a sumptuous and brilliant affair. The tables, the decorations, the toasts, the social enjoyment and the array of medical talent were fully up to any occasion of the kind which has occurred in Atlanta.

The reception at the Governor's Mansion and at Mr. Porter's, and also the excursion up the Georgia Pacific Railroad, were interesting features of the present Association, and will long be remembered with pleasure by those fortunate members of the profession who participated in them.

EXPULSION OF DR. HEERY.—It will be noticed in our sketch of the proceedings of the late meeting of the Georgia Medical Association, that Dr. D. O. C. Heery was expelled from the Association, by reason of advertising a specialty. Whatever may be said upon the ethical question involved, that provision of the Constitution of the Association which gives the Board of Censors plenary power to expel a member without the vote or ratification of the body as a whole, is certainly arbitrary and despotic, and contrary to the fundamental and time-honored principles of our government, which guarantee a hearing and right of trial even to the most abandoned culprit. We trust that a motion to modify or repeal this law will prevail at the next meeting of the Association.

MEDICAL ASSOCIATION OF GEORGIA.—The Medical Association of Georgia met in the Senate Chamber, Atlanta, at 11 o'clock a. m., April 19th, 1882. Prayer was made by the Rev. H. H. Tucker, and the address of welcome was delivered by Dr. J. F. Alexander of this city, in very cordial terms, and responded to appropriately by Dr. Eugene Foster, of Augusta. The attendance was unusually large, and the opening evinced a revival of interest in the Association, and good feeling prevailed.

President Holt's address was upon the "Times, Difficulties and Responsibility of the Profession." The address was well conceived, ably written and calmly and gracefully delivered. He warmly urged the improvement of the Association and better attendance upon its meetings. He made eloquent reference to the assassination of President Garfield, and alluded in a touching manner to the death of five members of the Association since the last meeting, to wit: Drs. J. M. Green and Jno. R. Boon, of Macon; T. W. Grimes, of Columbus; J. W. Underwood, of Cave Springs; E. L. Crump, of Burke, and I. N. Vanmeter, of Bartow. He advocated the adoption of a law for the establishment of an Inebriate Asylum in Georgia, and that the Association memorialize the Legislature to that end.

Many papers of interest were presented, of which we have not space to particularize. Among these were the papers of Dr. Eugene Foster, on the Relative Merits of Humanized and Bovine Virus; Prof. Thos. S. Powell, on Gynecology; Dr. R. M. Brown, Hemorrhagic Malarial Fever; Prof. G. G. Roy, Suppurative Hepatitis; Reports of Census and on Gynecology, by Dr. Nunn, presenting instruments of his own invention.

More than the usual number of voluntary papers were read. Among these were presented on the first day, a paper on entropion and trichiasis, by Prof. A. G. Hobbs, and Prof. A. W. Calhoun; Dr. A. F. Scott, ergot in throat and lung affections, with cases, etc.; Dr. Philpot, on contagiousness of typhoid fever.

A committee appointed to consider the suggestion of the President, relative to memorializing the Legislature to establish an Inebriate Asylum, reported favorably.

A resolution in favor of a life membership for a single fee of \$30, was adopted.

The Annual Oration was delivered by Dr. J. P. Stevens—a scientific address of much interest.

On the second day, Dr. Battey read an interesting paper in regard to his trip to the International Medical Congress.

Dr. Lallerstedt showed a case, in process of recovery, of a little girl whose entire scalp had been torn away by machinery.

A resolution by Dr. Baird, reaffirming the Code of Ethics, was unanimously adopted.

Papers were submitted by Drs. Love, O'Daniel, Jones, Bell, Hull, Prof. Thad. Johnson, and others, all of which will appear in the published Transactions.

The following are the officers nominated and elected for the ensuing year:

For President, Dr. K. P. Moore, of Forsyth; for first Vice-Presi-

dent, Dr. A. J. Whitehead, of Waynesboro; for second Vice-President, Dr. F. R. Calhoun; for Treasurer, Dr. Goodrich, of Augusta; for Censor, Dr. A. W. Calhoun, of Atlanta.

CHAIRMEN OF DISTRICT COMMITTEES:

1st. District—Dr. E. J. Charlton—Practice; Dr. J. D. Martin—Surgery.

2d. District—Dr. E. W. Alfrend—Practice; Dr. P. L. Helsman—Surgery; Dr. T. S. Hopkins—Gynecology.

3d. District—Dr. N. P. Jelks—Practice; Dr. A. A. Smith—Surgery; Dr. A. R. Taylor—Gynecology.

4th District—Dr. A. W. Griggs—Practice; Dr. A. B. Copeland—Surgery; Dr. T. J. Slaughter—Gynecology.

5th. District—Dr. W. G. Owens—Practice; Dr. Geo. G. Crawford—Surgery; Dr. J. L. Hamilton—Gynecology.

6th. District—Dr. C. Hall—Practice; Dr. F. H. Kennan—Surgery; Dr. W. H. Hall—Gynecology.

7th. District—Dr. W. B. Wells—Practice; Dr. C. P. Gordon—Surgery; Dr. J. C. Bevins—Gynecology.

8th. District—Dr. E. W. Hunter—Practice; Dr. D. Ford—Surgery; Dr. J. A. Eve—Gynecology.

9th. District—Dr. Hollingsworth—Practice; Dr. A. A. Bell—Surgery; Dr. McClesky—Gynecology.

Dr. Griggs introduced a resolution that the committee appointed to memorialize the Legislature on the subject of an Inebriate Asylum take an additional duty of presenting the matter of providing a law for the payment of witnesses called to give expert testimony. The resolution was amended so as to provide for a separate committee, and was passed.

EXPELLING A MEMBER.

Dr. Hall, of the Board of Censors, asked the Association if the Board had full authority in all cases where charges of a violation of the Code were preferred. A vote was taken, and the sense of the Association was in favor of giving the entire matter into the hands of the Board. The Board retired and soon returned with a resolution charging Dr. D. O. C. Heery, of Atlanta, with a violation of the Code of Ethics, by advertising as a specialist. Dr. Heery was declared expelled.

Dr. Kennan reported a case of fracture, made some remarks relative to the practicability in certain instances of treating fractures successfully without apparatus. Discussed by Drs. Crawford, Foster and Word, the latter claiming that the old starch apparatus, when judiciously used, was superior to any other in simple fractures of the extremities.

Dr. Bell made some remarks upon the hygienic value of circumcision. And other interesting topics were broached by members, which we have not space to publish.

Dr H. H. Battey, of Cartersville, was appointed Orator for the next meeting.

The following delegates to the meeting of the American Medical Association were appointed by the President.

J. P. Logan, W. F. Westmoreland, Henry F. Campbell, Robert Battey, J. T. Johnson, J. G. Thomas, C. H. Hall, E. Fitzgerald, George F. Cooper, T. S. Hopkins, S. G. Hawkins, J. W. Bailey, E. L. Connelly, A. W. Calhoun, V. H. Tailliaferro, E. W. Alfriend, E. K. Boseman, A. W. Griggs, Thomas H. Kennan, A. B. Calhoun, W. O'Daniel, G. G. Crawford, W. S. Kendrick, F. A. Stanford, W. B. Wells, E. H. Richardson, J. T. Slaughter, John S. Coleman, M. G. Hatch, E. H. W. Hunter, John L. Hamilton, R. J. Nunn, W. H. Hall, P. L. Hillsman.

After passing the usual complimentary resolutions in respect to the hospitalities of the profession and citizens of Atlanta, the Association adjourned to meet in Athens, Georgia, the 3d Wednesday in April, 1883.

PAMPHLETS AND PAPERS RECEIVED.

WORKING BULLETIN, for the Scientific Investigation of Drugs. We are in receipt of copies of the above from the Scientific Department of the energetic establishment of Parke, Davis & Co., Detroit. The Working Bulletin is distributed gratuitously to Colleges, Universities, Hospitals, etc., and samples and preparations of the drugs investigated, also furnished.

The object is to promote investigation in the science of drugs, and by publishing results, to place upon record useful and practical information.

The botanical history, the cultivation, structure and chemical composition of drugs are given, together with the doses and medical properties as drawn from reports of cases, etc. At the end of each year, the several reports issued, will be compiled into an annual. This is certainly a great, liberal and useful work, and furnishes another evidence of the indomitable energy and enterprise of the house of Parke, Davis & Co.

THE Cornell University Register, 1881-1882, Ithaca, New York, containing catalogue, curriculum, etc., etc.

RELIGIO-PHILOSOPHICAL JOURNAL—Devoted to Spiritual Philosophy. The most ably edited and reliable of its class. Jno. C. Bundy editor and publisher, Chicago, Ill.

ON some points in connection with the treatment of Sterility, by A. Reeves Jackson, A.M., M.D., Chicago, Ill.

A FEW remarks upon Fellows' Hypophosphites of Quinine, Strychnine, Iron, Lime, Potassa and Manganese. For the Medical Profession. London: Jas. I. Fellows, Snow Hill, E. C., 1881.

THE Student's Manual of Venereal Diseases, being a concise description of those affections and of their treatment. By Berkley Hill, Prof. of Clinical Surgery in University College, London; Surgeon to the University College and to the Lock Hospitals; and by Arthur Cooper, late House Surgeon to the Lock Hospital. Second edition. New York: William Wood & Co. 1881.

CURRENT Fallacies about Vaccination. A letter to Dr. W. B. Carpenter, C.B., etc., etc., by P. A. Taylor, M. P. Second edition of 100,000; with additional remarks on Dr. Carpenter's article on Disease-germs, in the Nineteenth Century Magazine for October.

OBSERVATIONS on Surgery in Children, by Edward Borck, M.D., St. Louis, Mo., Prof. of Surgical Diseases of Children and Abdominal and Clinical Surgery in the "College for Medical Practitioners," St. Louis, etc. Read before the St. Louis Medical Society, April 1st, 1882.

BOOK NOTICES.

ILLUSTRATIONS OF DISSECTIONS IN A SERIES OF ORIGINAL COLORED PLATES THE SIZE OF LIFE: Representing the Dissection of the Human body. By George Viner Ellis, Prof. of Anatomy in University College, London, and G. H. Ford, Esqr. The drawings are from nature by Mr. Ford, from dissections by Prof. Ellis. Volume II, Second Edition. New York: William Wood & Co. McGarity & Laird, Agents, Atlanta, Ga.

This is the second volume of the valuable work reviewed in our April issue. What was said of the first volume may also be said of this one.

MATERIA MEDICA & THERAPEUTICS, INORGANIC SUBSTANCES. By Charles D. F. Phillips, M. D., Member of the Royal College of Physicians, etc.; Late Lecturer on Materia Medica and Therapeutics, at the Westminster Hospital Medical School. Edited and adapted to the United States Pharmacopœia, by Lawrence Johnson, A.M., M.D., Lecturer on Medical Botany, Medical Department of the University of the City of New York; Fellow of the New York Academy of Medicine, etc. Volume I. New York: William Wood & Co. McGarity & Laird, Agents, Atlanta, Ga., 1882.

This is the second part of Dr. Phillips' *Materia Medica*, the first being devoted to the Vegetable Kingdom, and issued several years ago. The work is eminently interesting and practical.

SUPPRESSION OF URINE, CLINICAL DESCRIPTIONS AND ANALYSES OF SYMPTOMS. By E. P. Fowler, M. D. Ninety-three Clinical Cases, with illustrations, tables and diagrams. New York: William Wood & Co. 1881; oc. 86 pages.

The above is an interesting work on the subject treated, being a paper presented to the New York Medical and Chirurgical Society, December, 1880.

A COLLEGE for Medical Practitioners has been inaugurated at St. Louis, Mo. Object: To teach practitioners, by practical instruction, the practical branches of Medicine and Surgery.

North Carolina Pharmaceutical Association.—The Second Annual Meeting of this Association will be held in New Berne, on August 9th. Mr. T. C. Smith, of Charlotte, is Secretary, Mr. F. W. Hancock, of New Berne, will attend to all local business, such as taking charge of exhibits, etc.

The Governor of the State has appointed the following gentlemen as the Board of Pharmacy for the State of North Carolina: William Simpson, of Raleigh; W. H. Green, of Wilmington; A. S. Lee, of Raleigh; E. M. Nadal, of Wilson; E. H. Meadow, of New Berne.—*New Remedies.*

RECEIPTED.

1881.—Drs. J. P. Stevens, M. L. Mahaffy, Joseph Jones.

1882.—Drs. Z. T. Young, T. A. Gibson, L. W. Coleman, M. D. Miles, W. A. Culbertson, M. V. B. Miller, J. F. Earnest, S. J. Ellis, W. T. McConnell, Jas. F. Brooks, E. L. Sloan, T. T. Smith, J. Myers, M. T. Grant, S. S. Potter, E. B. Kitcherside, to September, 1882, M. V. Aman.

SPECIAL NOTICES.

THE art of sugar-coating pills so as not to impair their solubility, but to preserve the composition, keeping it soft and plastic, has acquired for **Messrs. Warner & Co.**, a world-wide reputation. Physicians may rely upon the purity of the drugs used, and upon the mathematical nicety in which their pills, "granules," and "parvules" are divided. Every doctor may be his own druggist, and at the same time save himself the drudgery of it by using **WARNER'S** preparations. A bottle of Quinine Pills recently sent us by this firm satisfies us that this firm is fully maintaining its reputation.—*North Carolina Medical Journal, July, 1879.*

PARKE, DAVIS & CO.—The enterprise of this great house, located at Detroit, Michigan, is perhaps unprecedented. Their efforts in bringing new and foreign remedies before the Profession, despite the opposition which has been made, have been eminently successful, and their late enterprise, *The Working Bulletin*, in which they will give and put upon record the botany and description of drugs, with experiments and reports as to their properties and effects, must prove of essential and permanent interest and usefulness to the Profession and to Science, adding to the armamentarium of the practitioner and enlarging our pharmaceutical literature.

DR. W. H. WARNER, of Girard, Kansas, says: I have used **CCELERINA** in several cases, and have not been disappointed in its effects.

In a severe case of enteric (typhoid fever), I used no other anodyne. It allayed all pain in the bowels, and with the addition of tannin, controlled an involuntary and colliquative diarrhoea. I used no opiate in this grave disease for the first time in my practice.

NOW that the father of antiseptic surgery has placed carbolic acid under ban, and recommended eucalyptus as an efficient substitute for it, we would advise physicians to give **LISTERINE** a trial. Eucalyptus is one of its constituents; and the preparation, being a perfect solution, is presented in a form most convenient for general use.—*Louisville Medical News, June 25th, 1881.*

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the **ELLIOTT**. Doctors that do the same thing get the standard article. Send for circular to **A. A. MELLIER**, 709 Washington Avenue, St. Louis, Mo.

JOHNSTON'S FLUID BEEF is an article that can be safely recommended as a concentrated natural agent. We have tried it in low states of the system and found it an admirable article. In the diarrhoeas of infants, wherein the child is taken from the breast, and is dying of inanition, a little of this fluid beef has been known to support the child and save life. Try it.

HYDROLEINE.—Dr. Truesdale, of Mt. Jackson, Pennsylvania, writes: I have used "Hydroleine" in a number of cases in my practice for the last three or four months, and where it has been thoroughly tested, am well pleased with its effects. I am satisfied it is much superior to Cod-Liver Oil—that its effect are more perceptible, and that it is devoid of that disagreeableness and unpleasant eructation which almost uniformly attends the use of Cod-Liver Oil. I am satisfied that it is an admirable remedy in the treatment of phthisis.—See Kidder & Laird's advertisement.

T H E

Southern Medical Record:

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R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XII. ATLANTA, GA., JUNE 20, 1882. No. 6.

ORIGINAL AND SELECTED ARTICLES.

REMARKS ON HOTZ'S OPERATION FOR ENTROPION AND TRICHIASIS, WITH SEVEN CASES.

BY A. G. HOBBS, M. D.,

Professor of Diseases of Eye, Ear and Throat in the Southern Medical College,
Atlanta, Georgia.

Read before the Georgia State Medical Association.

An entropion is a turning in of the free border of the eye-lid, with a consequent displacement of the ciliæ inwards—the latter condition being known as trichiasis.

Trichiasis may exist without entropion, by a simple displacement of the lashes inwards, but an entropion could not well exist without a trichiasis.

Entropion is most frequently the sequel of trachomatous conjunctivitis. The cicatricial contractions that result from trachoma draw upon the free margin of the lid, and this force, together with the contractions of the fibres of the orbicularis muscle, may with greater facility invert the lids of old people and debilitated persons with lax fibre and flabby skin, than those of young persons or robust individuals with firm and tense integument, though it is not infrequent that we meet with entropion even in these latter cases, where the trachomatous cicatrix is very firm and binding.

This incurvation of the tarsal cartilage is greatly facilitated by the diminished resistance of the cartilage (due to some infiltration in acute inflammation like trachoma). Upon this view have been founded the various methods of operation for the cure of entropion. Heretofore all these operations—though differing somewhat in detail—have been founded upon the common idea that it requires a strong traction power to bring an inverted eye-lid back to its normal position, and operators have naturally fallen into the error that by shortening the integument of the lid and producing a vertical cicatrix, that they could, in this manner, bring about sufficient traction force to pull the eye-lid back to its normal position. But experience has proven that even though the amount of integument taken from the lid be so great and the resultant cicatrix so strong that the lids cannot be closed, the entropion is not always remedied.

The question then is warranted, whether the idea of a strong traction is not altogether erroneous? or at least whether or not the traction has not been wrongly applied? In other words, whether the force is not wasted without affecting the free edge of the lid?

All the old operations have, then, been founded upon an error, as has been proven by the introduction of a new and more rational principle.

Dr. F. C. Hotz, of Chicago, was the first to describe this new principle to the profession, and since the introduction of this new operation, known by his name, it has become almost as universal for oculists of this country to resort to it as to Graefe's method of extracting hard cataracts.

In the language of Dr. Hotz, it is not difficult to demonstrate the erroneousness of the old operation, by a very few simple experiments: "Every oculist makes the experiment unconsciously when he wants to scrutinize the inside edge of a lid; and every physician may easily make it in order to convince himself of the correctness of the following observations: If you place a slightly bent probe upon the upper lid at the line of the upper border of the cartilage while the eye is closed, and then press the probe very slightly backwards and upwards, you will be astonished at the small amount of pressure it requires to overcome the worst degree of entropion. The inverted edge quickly and readily turns out as soon as the tension of the skin is slightly increased by the pressure of the probe." If you compare this slight force with the amount of traction as represented by the width of the fold of skin which would have to be excised for the removal of the same degrees of inversion, the difference is quite obvious.

Then if these experiments be true, the tractive force that is necessary for the cure of an entropion is very small, if applied in the right direction.

A series of observations with reference to this point has lately proven that entropion is not in reality what it has always been thought to be, *i. e.*, a turning in of the free border of the cartilage proper, but it is nothing more nor less than a rolling in, or in other words, an inversion of the external integument; the skin near the edge is rolled in toward the conjunctiva, thereby giving the edge the peculiar rounded appearance, while the cartilage remains unchanged in shape and position.

Blepharospasm, which is an essential feature in the production of entropion, affects the integument rather than the tarsus. As soon as the spasm begins the skin is seen to move toward the free edge, and to be gathered into numerous horizontal folds.

This phenomenon, according to Stellwag, is due to the action of the orbicularis muscle, its fibres sandwiched between skin and tarsal cartilage and fascio-tarsal-orbitalis run from one commissure to the other, those next the free edge are almost horizontal in course, the further they are removed from the margin the greater the curve of the arch they describe. When these arched fibres are shortened by contraction, their curves must become more or less straightened, because their origin and insertion are fixed and immovable points.

This change of curvature cannot be accomplished but by a change in position, *i. e.*, the middle portion of the muscle must make a decided movement toward the edge of the lid in order to approach as near as possible the straight line which is the shortest distance between the two commissures.

Now, this muscle is connected by cellular tissue with the skin and with the tarsal cartilage; the skin being movable, will readily follow the movements of the muscular fibres, as it can be seen during each spastic action of the orbicularis to move downwards and become wrinkled. The tarsus, on the other hand, is too fixed to follow the action of the muscle. Now the cellular tissue and integument of the lid will, by this oft repeated blepharospasm, become loosened from the cartilage beneath and hang in a fold over its free border.

This displacement or dropping down of the integument and orbicularis fibres then, is the direct and common cause of entropion. With these changes the ciliae are naturally displaced, and their direction changed—trichiasis.

Operaators have heretofore thought to correct this condition by

simply excising an elliptical fold of integument from the lid; in other words, they excised what they considered the superfluous skin, hoping by this shortening of the integument to render the traction sufficient to pull back the inverted lid to its normal position.

The explanation of the frequent failures of this operation is that it gains no fixed point of traction, and the loose integument at the upper part of the orbit and just beneath the brow immediately slips down to fill up the gap made by the wound; especially does this take place in old persons whose skin is flabby and loose, and in many cases the operation has been performed as many as four times on the same person without succeeding in gaining a fixed point of traction sufficient to overcome the entropion.

Another and still older operation for the relief of the trichiasis that follows entropion, was to split the free border of the lid internal to the ciliæ, and by a counter incision on the outside remove a quadrangular piece of the lid border containing the roots of the ciliæ; this, of course, removed the irritation produced by the eyelashes rubbing on the ball and allowed the cornea to regain its transparency, but it left a bald eye, which was ever afterwards an unsightly object.

I will now describe the operation as first performed by Hotz, and I do not think I can better do it than by using a part of his language :

"After the patient has been etherized an assistant fixes the skin of the brow against the upper orbital margin, the centre of the free edge of the lid is then seized with a pair of forceps and drawn downwards till the skin is moderately stretched. While the lid is held in this position, the point of a scalpel is applied 2 m.m. over the inner canthus and drawn across the lid in a horizontal line to a point 2 m.m. above the external canthus.

"As soon as the integument is cut the incision is changed into a gaping wound by the reaction of its upper border. Sometimes the muscular layer is cut with the skin and the cartilage at once; if not, the orbicularis is divided by a few careful strokes of the knife, keeping close to the lower border of the incision.

"The forceps which have been used for the purpose of drawing the lid downwards are now taken off to allow the lid to recover its natural position.

"The assistant applying forceps to the middle of the lower border of the wound, everts the skin to expose the muscle, and with a pair of fine forceps the muscular fibres next to the border of the skin are grasped and dissected off to the extent of a strip, 3 or 4 m.m. in width all along the border from canthus to canthus."

In making the sutures fine black silk is preferable, because its color is innocuous and it can be easier seen in the removal of the stitches.

Four or five sutures are usually requisite for a nice and perfect closure of the wound. The cutaneous borders are nicely approximated, and together drawn firmly down to the upper border of the cartilage, by first making a surgical knot and then pushing it down with both fingers in the same manner in which we close the ligature of a deeply situated artery.

The treatment after the operation is very simple; cold water compresses are grateful to the patient, and useful in so far as they limit the reactive swelling. After 24 or 36 hours, all dressings may be left off with directions to keep the eye clean. The sutures should be removed on the third day, when the wound will generally be found to be healed by first intention.

Since I saw this operation first performed in New York, now nearly two years ago, I have made it seven times, and in all of the seven with the best success. Three were upon the upper lid, and two upon the lower, and two upon both the upper and lower lids. In the first one of these latter cases, where there was an entropion and trichiasis of both upper and lower lids, I made the Hotz operation upon both lids at one sitting, but the inflammation and œdema that followed was so violent that I determined in the next case to make the operations separate. A few weeks afterwards I operated upon the other case in which both lids were affected, but upon one lid at a time, and thus avoided a great part of the inflammatory reaction that was the result in the first. The final result in both cases, however, was good.

Case third was in a young woman who had suffered for ten years with trachoma which resulted in entropion and trichiasis. The lids were almost bald, most of the larger ciliæ having been epilated.

I made a Hotz operation upon both upper lids, and in three months she had long luxuriant lashes and the pannus had so much cleared up that her vision was increased from 20-c to 20-XL.

CASE 4—Was a partial trichiasis of only $\frac{1}{4}$ inch of the upper lid. The ciliæ in this space had been time and again epilated when he came to me for a radical cure. I made a single incision $\frac{1}{4}$ inch in length near the upper border of the tarsal cartilage dissected out a small part of the muscle; took one stitch to bind the integument of the lower side down to the cartilage, when the wound healed by first intention and the lashes of the affected portion came into line with the others.

CASE 5—Was a typical case of complete inversion of the lower lid with the cilia rolled up in the lower cul-de-sac of the conjunctiva—the patient had suffered from granular lids for twelve years. The old treatment of this case would have been either to excise a transverse fold of the integument of the lid or to insert through the base of a transverse fold two or three ligatures.

The most serious objection to either of these operations is that they depend for their success upon two conditions:—the contraction of cicatricial tissue and the state of the integument upon the cheek; that is to say, we would have to rely upon one unknown quantity, an X as mathematicians would express it, for we cannot know how much or how little the scar may shrink; we trust, therefore, the ultimate result of the operation to an agency which is entirely beyond our control, and consequently should not be surprised if all of our calculations, based upon an unknown quantity, X , should deceive us in its results. Again, if the integument of the cheek be loose, the permanent success is still more likely to be illusory than before.

In order to evert the border of the lid the integument has by the operation been shortened to produce the requisite traction, but to make this traction effective and successful, the opposite end of the contracting cicatricial band must be firmly and immovably fixed; if not, the traction will operate upon both ends and the greater the degree of mobility alone will decide which will be moved the most.

If the integument of the cheek be firm, it forms a tolerably good basis for the traction; but if it be flacid, as it is in old people, it will be seen that the skin will move upwards rather than the entropion will be overcome. Hence the advantage of Hotz's operation on the lower as well as the upper lid, in that it attaches the integument to the border of the tarsal cartilage and thus gives a solid basis for traction.

The next case did not differ in any material respect from case four, except that I made the operation in only one eye. But case seven was the most interesting of all, since it gave the most perfect results. Male, age about thirty, who had been suffering from entropion and trichiasis for about eighteen years, the cilia of both upper lids had an abnormal position in the lower cul-de-sac, and if the lids were sufficiently opened to pull them from this position, on closing them again a violent spasm of the orbicularis would follow and continue till the lashes were replaced under the lower lid.

The result of this condition after so many years, was a dense

opacity of not only the upper portion of the cornea, but throughout its whole extent.

On making a Hotz operation upon this patient, on account of the flabby condition of the integument of the lids, I made a conical incision and dissected out the intervening integument.

His vision was only 20-cc at the time of the operation, but in two months after the cilia had been lifted from the cornea his vision rose to 20-lxx, and with a 10 glass it rose to 20-xl, and I have no doubt that as the opacity of the cornea gradually clears up his vision, with a ten glass, will reach 20-xxx.

The wound healed kindly, leaving the ciliæ in a perfectly normal position, and only a small transverse cicatrix.

To briefly recapitulate the advantages of this operation over all others:

1. Less of the integument is sacrificed, and consequently the scar is less unsightly.
2. The possibility of a relapse after the operation is inappreciably small.
3. One operation is, as a rule, sufficient to correct the deformity, because the distal border of the cartilage gives a fixed point for traction.
4. The wound, as a rule, heals by first intention, whereas when so much integument is sacrificed suppuration is the rule.
5. Its superiority over all other operations is more marked in old persons with flabby and loose skin, because of the impossibility to otherwise gain a fixed point for traction in such cases.

SYPHILITIC ULCERATION OF THE EYE-LID (CONJUNCTIVA) IN THE INFANT.

BY A. W. CALHOUN, M. D.,

Professor of Eye, Ear and Throat Diseases in the Atlanta Medical College.

In the adult, we are accustomed to seeing syphilis in some form or other, take hold of almost any and every part of the body; and even in the infant, it is not unusual that the disease manifests itself secondarily in various ways; but it is so seldom the case that syphilitic ulceration takes place upon the mucous membrane of the eye-lid, that I am induced to report the following history:

It is now eight years since Mr. A. J. M. contracted primary syphilis. The disease progressed uninterruptedly till a portion of the upper jaw and a part of the bones of the nose were destroyed, without, however, much disfigurement. Upon the supposition

that he had been cured, he married four years ago, and in due course of time a son was born, who was, at birth, and up to the present remains, a specimen of robust health.

One year ago another son was born, who, from birth, has been a typical specimen of hereditary syphilis.* Copper colored blotches first appeared over the entire body, then eczema upon the scalp with enlargement of the cervical glands, then ulceration of the right pre-auricular glands. Two months back, phlyctenular corneitis began, the phlyctenules running together and breaking down into deep corneal ulcers in each eye, causing the pain and photophobia and other distressful symptoms so often met with in children with so-called "scrofulous sore-eyes."

The eye disease had been in existence two months when the child came under my observation, and in addition to the extensive ulceration of each cornea, the following condition of the lid appeared: The left upper lid was swollen and angry-looking, and extended downwards over and covered the lower lid. Upon everting the lid, a very characteristic syphilitic ulcer was found to occupy the centre of the conjunctiva, being near the size of a three cent silver coin. It had the ragged and undermined edges, the dirty surface and other marked appearances, which so readily distinguishes the specific ulcer from all other varieties. Aside from the father's history and the general condition of the child, the ulcer itself left no doubt as to the diagnosis.

The little patient was immediately put upon anti-syphilitic treatment. Iodide potass. was given in 2 grain doses and gradually pushed to 15 grains 3 times daily, with the happiest result. The sulphide of calcium was also given in $\frac{1}{6}$ grain doses, mixed with a little sugar of milk, for its alterative effect. As local applications, the sulph. atropia (gr. j to $\overline{3j}$) was used upon the eyes for its curative influence upon the corneal ulcers, and an ointment of the yellow oxide of mercury (gr. $\frac{1}{2}$ to $\overline{3j}$) applied to the edges of the lids which had become excoriated by the profuse lachrymation. The eyes were kept as free from matter as practicable, but throughout the treatment, no application was made to the conjunctival ulcer. The child has now been under treatment one month, and the syphilitic ulceration of the lid and every external symptom of the disease has disappeared, though the phlyctenular inflammation of the cornea still remains to a slight degree.

The history of this case is recorded, not because of the rapid recovery under this particular treatment, but because of its unfre-

*NOTE.—No attempt will be made here to explain why the first child was free from syphilis, and the second had it. The mere fact is given.

quent occurrence. In so far the case is of special interest. I have met with a few similar cases amongst adult hospital patients, but neither in a very large hospital experience, nor in a private practice of a good number of years and comprising many thousands of patients, have I ever before seen the disease upon the mucous membrane of the eye-lid, in the infant.

CASES IN PRACTICE.

BY A. A. DAVIDSON, M. D., OF MILAN, TENN.

Having recently seen interesting items in the RECORD, on atropia, also on liquor ammoniæ, I send you the following cures which are at your disposal:

CASE I.—CONVULSIONS—In July, 1876, John Cunningham, aged 19 years, was attacked with violent convulsions from some trouble of the brain; they lasted him several weeks, and were so violent, at times, it would take four or five men to hold him still. Had nine physicians to see him during the time; all the remedies failed to have the desired effect, till I put him on large doses brom. potash, 40 to 90 grains at a dose, in conjunction with extract belladonna, $\frac{1}{4}$ to $\frac{1}{2}$ grain, which gave him immediate and *permanent* relief.

During his illness I concluded to try the antagonistic properties of opium and belladonna. I injected hypodermacally, 1-50 grain atropia, and in thirty minutes his pulse went up 30 beats; pupils dilated; countenance assumed a distressed expression, skin purple, with spots and rashes on it, and he seemed to try to tear himself to pieces; scarcely could restrain him from violence; so much so that I became a little alarmed. I injected $\frac{1}{8}$ grain morphine, and in twenty minutes his pulse fell to ninety, a reduction of thirty beats, and he became as calm as before.

CASE II.—INJURY TO THE EYE BY SPIRITS OF AMMONIA.—I see in the last number of the RECORD an account of a lady losing her eye by the explosion of an ammonia vial. About three months ago I received a box of drugs from Memphis, opened it and took out a bottle of aqua ammoniæ and put it on a shelf in my office, and it had a rubber cork in it, which excited the curiosity of my little boy, aged seven years. He took the bottle down, and the stopper flew out, and the liquid flew in his right eye and over his face. I was a few hundred yards from the house; was summoned to come to him in great haste—found him suffering intense pain, and bathing his eye with cold water, I opened it and found the conjunctiva very red and swollen. As I had been a practicing oculist for

twenty years, I set about applying remedies. The first thing I did was to drop in a solution of sulph. morphia to give ease; next I used atropia, two grains to ounce, two or three times a day; kept him on this prescription for several days; also used cloths dipped in tea water, on the lid, alternated with mucilage of slippery elm bark.

The most severe and intense photophobia came on immediately, in *both* eyes, so much so that I was not able for three days to see their actual condition. His eye was very much swollen and exceedingly tender. On the fourth day he was able to open his eyes a little, from which time he recovered rapidly, with no bad results.

I think the *prompt* and active treatment saved his eye. His face was not damaged.

CASE III—LARGE DOSES FOWLER'S SOLUTION WITHOUT FATAL RESULTS—I had a case of typhoid fever, a young lady, a few years ago, and her father came to get some medicine for her sister, older than herself, for tertian ague, of long standing. I gave him a half ounce vial of Fowler's solution, with directions to give ten drops three times a day; also sent my typhoid case four ounce bottle turpentine emulsion, to be given in teaspoonful doses every two hours. Her father forgot the directions, and reversed the directions, and gave the Fowler's solution in *teaspoonful* doses every two hours till the young lady took three drachms in *four hours*. She soon became greatly prostrated, eyes swollen, tongue enlarged and protruded, and became paralyzed all over, so much so she could not raise hand or foot. The first thing she remembered or desired was *onions*; she ate some of them and soon recovered. She had no vomiting or purging, nor has she ever had any after unpleasant effects.

Mr. Editor, will you or any one explain her rapid recovery from so poisonous an agent, or did the onions cure her?

GRAPE SUGAR AND GLUCOSE.

BY J. M. TALLMAN.

The following sketch is not intended by the writer to be a complete description of the above named articles of commerce which have recently become such important factors to the grocery, confectionery and brewing interests; but it will simply cover the important features of the process of manufacturing and to give to the outside world a little light respecting what will become, and in fact is, one of the important industries of the day.

The terms grape sugar and glucose are used to designate the

two forms in which the article is sold by the manufacturer. Grape sugar is the solid and glucose the liquid form. It is made from starch by the action of sulphuric acid, or oil of vitrol. The first stage in the manufacture is the production of starch. This is made from the Indian corn of commerce ; that which possesses the largest amount of starch having the preference over corn of smaller kernels and consequently less starch.

The corn separated from the cob is placed in large vats with boiling water, and there undergoes a steeping process of about forty-eight hours duration, during which time the water is changed occasionally ; this serves to swell the kernel to nearly twice its natural size and softens it very materially.

The mass is then run through mill-stones, which grind it to a fine pulp. With a large percentage of water in this, there are the starch, gluten and woody fibre, etc. In order to separate the starch from this, the pulp is run over large frames covered with bolting cloth, similar to that used in flour mills; several small streams of water are also introduced, and the water falling on the pulp as it passes over the sieve, separates the starch from the hull which passes off, the starch falling into a trough underneath, from whence it is conveyed to tubs of larger size, where it is allowed to settle, and the water, which has by this time accumulated large quantities of dirt, etc., is allowed to drain off. Caustic soda is then added in about the proportion of 600 pounds to each bushel of corn; this serves to further separate the starch from the gluten. From the settling tubs it is allowed to run through long inclined troughs of a very slight elevation. While the water, containing large quantities of starch, gluten, etc., is passing over these tables, as they are called, the starch slowly settles to the bottom, allowing the dirt, gluten and alkali to pass away.

The now solid mass of starch is taken from the tables and after being broken up thoroughly in water, is pumped into tubs and agitated thoroughly; this further cleans it. The result of this last manipulation is a clean starch, such as is used on our tables in pudding, etc., and in our laundries to stiffen and improve our shirts and other articles. The starch mixed with water is then poured into a large tub called a *converter*, and it is here that the starch loses its identity, and in a high temperature is converted by the action of sulphuric acid into either grape sugar or glucose.

If glucose is desired the liquid is boiled until, by the application of the iodine test (known to chemists as the method for determining the existence of starch), it shows that it has very nearly lost its character as starch, and the conversion is then stopped by drawing off the liquid. Should grape sugar be desired, the process is carried still further until not a trace of starch is visible, and the liquid is all converted into sugar. We will now follow it from the converting tub to another large tank in which it lies perfectly passive, but possessing in its muddy looking mass a powerful agent and the one source from which are derived the many ideas regarding its poisonous character. I refer to the sulphuric acid. Were the substance left as it now is, and the article put upon the market, it would certainly serve to be severely handled by physicians.

parents, and all interested in the health of the people at large. It is a well-known fact that if marble dust is introduced into a liquid containing sulphuric acid, a chemical change takes place, and if a sufficient quantity is introduced, the acid in its entirety is absorbed, and the two together become sulphate of lime, a precipitate easily removed. This is the course pursued in neutralizing the acid, and to this end a test paper is applied to determine when the neutralization has taken place; when this is accomplished the liquid is a sweet water, quite dirty however; it is then passed through filter cloths of various degrees of fineness, and they eliminate the portion of the dirt, including the sulphate of lime. This water is then allowed to run through a larger tank containing burnt bone or charcoal. This takes unto itself what dirt has escaped the former filtering medium, and the now clear liquid although nearly as thin as water, is quite sweet. It is then introduced into a copper pan of large capacity, called a vacuum pan, and the process of evaporation goes on. As the liquid is slowly evaporated under the influence of heat, it assumes a thick, gummy character of a density of thirty-eight to forty-two degrees Beaumé. It is now ready for cooling and shipping. Should it be grape sugar it is drawn into barrels or boxes, where it rapidly cools and becomes solid and perfectly white; should it be glucose, and intended for confectioners' use, it is drawn into barrels, from which, owing to its density, it is quite difficult to abstract it unless by heating. Should the manufacturer wish to fill an order calling for syrup, he mixes with the still warm glucose about ten per cent. of its bulk of cane syrup, a liquid obtained from cane sugar during the refining process. This syrup serves to sweeten the not too sweet glucose, and imparts to it a bright yellowish color called by grocerymen "golden," and so labeled on their syrup cask. The grape sugar maker sells to outside parties the sugar in solid form. They, by the use of patented machinery, cut it into minute pieces and mix it with the coffee sugars of commerce, in the proportion of eighty per cent. cane sugar and twenty per cent. grape sugar. This proportion will vary somewhat, but is in the main correct. The appearance of the mixture is a very decided improvement over the appearance of the pure cane sugar, due to the fact that the cane sugar, being of a yellowish color, is made to look much lighter, when mixed with the white grape. The consumer, unless very well posted, cannot detect the difference, and obtains sugar of much lighter color for the same amount of money than he would otherwise pay for a dark, yellow grade.

The confectionery trade uses a large quantity of both glucose and sugar in the manufacture of all grades of confectionery. Brewers are very large consumers, as well as jelly and wine manufacturers; printers mix glucose with glue and use it for inking their type. Thus it is rapidly becoming a popular necessity. It cheapens the food and when properly made does not hurt the stomach. There is only the one chance for it to be injurious to the human system, and that is in the existence of acid, which cannot occur if the manufacturer is careful to thoroughly neutralize it; if this is done it contains nothing that is harmful. It is estimated that the

entire consumption of corn this ensuing year, for this purpose, will be between ten and eleven millions of bushels, of which quantity Buffalo alone requires about six millions.—*Phy. and Surg. Investigator.*

REMARKS ON INTESTINAL PARASITES.

BY F. P. HENRY, M. D.

Read before the Clinical Section of the Philadelphia County Medical Society, January 31, 1882.

The subject of human parasites, upon which I was requested, at rather short notice, to make some remarks this evening, is so comprehensive that, were I to undertake to refer to them all, within the limit of time allotted me, I could do little more than mention their names and those of the diseases to which they give rise. I have therefore decided to confine myself to a few general observations upon those varieties of worms which are most frequently found in the intestines of man. Of these the principal are the *Ascaris lumbricoides*, the *Oxyuris vermicularis*, and the different kinds of tape-worm. The first two are by far the most common, owing to their universal prevalence and the readiness with which specimens are obtained, we are thoroughly acquainted with their anatomy, both as embryos and as mature individuals. Nevertheless, the most competent helminthologists acknowledge their complete ignorance of the manner in which the lumbricoid worm is first introduced into the system. Leuckart has fed dogs, pigs rabbits and mice with the ripe eggs of the *Ascaris lumbricoides*, and has made similar experiments on man, in both cases with negative results. It is probable that these worms are introduced into the stomach in an embryonic form. Niemeyer has suggested the possibility of their finding entrance into the system through the use of bad flour, and refers to the observations of Stein, who found entozoa in weevils.

The *Oxyuris vermicularis* is developed directly from the egg, and this is one of the reasons of its persistent stay in the intestines, for by self infection the eggs are constantly swallowed by children and others who are careless in regard to habits of cleanliness. Self-infection is caused by scratching the anus and neighboring parts and subsequently conveying the eggs into the mouth. This may happen in the case of persons who are tolerably cleanly in their habits; for Zenker has frequently found mature eggs under the nails of those afflicted with these parasites.

It is thought by many that the principal habitat of the *Oxyuris* is the rectum, and this theory has led to a treatment that is at best but palliative. "The generally-prevalent idea," says Heller, "and that which is upheld in all the books, that the *Oxyuris* inhabits the rectum, is entirely false." The mature males inhabit chiefly the small intestine; the pregnant females chiefly the cæcum, where they remain until they are distended with eggs. They then descend to the rectum and deposit their eggs. The young, when hatched, immediately migrate to the small intestine.

The treatment of the *Oxyuris* recommended by Heller is one of saline catharsis, and of enemata so administered as to reach the cæcum. The cathartic part of this treatment is based upon the observation that in choleraic conditions vast quantities of parasitic ova are often expelled. The appearance of these ova in the stools of cholera patients led to a curious blunder both in Germany and England, where they were regarded as a fungus peculiar to that disease. Another species of worm, the *Trichocephalus dispar*, having been frequently found in the stools of typhoid fever patients, has been regarded by some as the cause of that affection. The symptoms due to the presence of the round worm scarcely suffice for a diagnosis. There can be no doubt that in some cases grave disturbance of the nervous system, in others intestinal catarrh, is caused by them, while in perhaps the most numerous class of cases they give rise to no symptoms that cannot be referred to ordinary causes.

Formerly it was the custom to attribute almost every digestive disorder occurring during childhood to the presence of worms. Now there appears to be a tendency to go to the opposite extreme, and to deny that they are the cause of any symptoms whatever. Heller remarks upon this tendency, and warns against it, although, says he, "there is little likelihood of our going so far as to look on them as the guardian angels of children, ever ready to help them in their time of need."

The treatment of lumbricoid worms is too well known for me to comment upon it. There is one point concerning it, however, which seems to me of some interest, and that is the fact that fractional grain doses of santonin retain their full activity after having passed through the stomach. Many physicians are sceptical as to the effect of small doses of drugs administered with a view to produce an alterative effect upon the small and large intestine; but facts like that above given should induce them to be cautious about rejecting any remedy upon mere hypothetical grounds.

The most interesting fact concerning the tape-worm is the complexity of its mode of existence. Its ova, being discharged from the intestine of man, are swallowed by another animal, in whose tissues they reach the larval stage of their existence. These larvae, being in turn swallowed by man, reach the mature stage of their development in his intestine. This cyclical method of growth is in the highest degree opposed to the existence of the parasite, and is counterbalanced by its enormous fertility. According to E. Wagner, "in the case of the tape-worm, out of eighty-five millions of eggs, only one is developed again into a tape-worm."

Though many species of tape-worm are known to exist, four only are of interest and importance to the practical physician: these are, *Tænia solium*, *Tænia medio-conellata*, *Tænia echinococcus*, and *Bothriocephalus lotus*.

Of these, the designation of the first is very ill chosen, indeed, I have found it impossible to ascertain what Linnæus intended by it.

If, as some think, he means solitary,—an absurd supposition, in my opinion,—he must have been mistaken as to the habits of this parasite; for when a number of tape-worms inhabit the intestine

they are almost invariably of the *solium* variety. I have consulted a distinguished classical scholar of this city, a member of our own profession, who acknowledges his inability to interpret the term *solium* as used in connection with *Tænia*. Such, however, is the weight of authority that, notwithstanding the obscurity surrounding this word, I shall continue to stultify myself by its employment.

Heller objects to the term *medio-conellata* applied to the second variety, on the ground that it is founded upon an erroneous anatomical idea; and employs instead the term *saginata*, stout or well fed, which it had originally received from Goeze.

The diagnosis as to the kind of tapeworm present in a case may be made by inspection of the segments voided per rectum. It is important that the variety of worm be clearly ascertained, for nervous symptoms occurring in an individual who is or has been the host of the *Tænia solium* should lead to the suspicion of the presence of the tape-worm larva, the *Cysticercus cellulosæ*, in some portion of the nerve-centres.

The chief seal of the *Cysticercus* is the intermuscular connective tissue, after which come the brain and the eye. In the latter situation Von Graefe was able in four cases to watch the development of the entozoon from the time of its appearance beneath the retina, which it pushes before it, causing a more or less extensive detachment, until its eruption into the vitreous humor, which, in the majority of cases, it makes its seat. An interesting case of intraocular cysticercus recently occurred in the practice of Dr. James E. Garretson, of this city, and is reported by Dr. C. S. Turnbull in vol. xii. of the Transactions of the State Medical Society, to which I refer those interested in the subject. Another case of suspended intraocular cysticercus was recently exhibited by Dr. Garretson to the Pathological Society of Philadelphia. I had an opportunity of seeing it, and was struck with the remarkable similarity, both in size and shape, which it bore to a cysticercus. In reply to a note asking for the subsequent history of this case, Dr. Garretson informs me that he has lost sight of the patient.

When the *Tænia solium* and its cysticercus are present in the same case, what is the source of the latter? This is an interesting question and one which has received different answers. Self-infection would be the answer of Heller, while Roberts considers that they are derived from independent sources. The former method of the introduction of the cyst into the solid tissues of one who is the host of a tape-worm seems to me the most probable. Self-infection may occur by detached segments being forced upward, during the act of vomiting, into the stomach, where, undergoing digestion by the gastric juice, the eggs are liberated and are developed into cysticerci. Or it is perhaps permissible to suppose that such action may take place in the upper portion of the small intestine, within the sphere of the pancreatic secretion, which fluid, as is well known, contains a ferment called trypsin, which is capable of digesting proteids in an alkaline medium. The practical inference is to avoid as far as possible, in our treatment of those afflicted with *Tænia solium*, such drugs as are likely to ex-

cite emesis. This is only important in the case of *Tænia solium*, as the cysticercus of no other variety is known to infest the tissues of man.

The *Tænia echinococcus* is a parasite of the dog, existing only in its larval state in the human system. It possesses great interest to the pathologist, chiefly on account of the fact that in one of its forms, *Echinococcus multilocularis*, it was constantly mistaken for colloid cancer up to so late a period as 1856, when Virchow pointed out its true nature.

The so-called hydatid cysts are rarely met with in this country. But two specimens have been presented to the Pathological Society of Philadelphia, one by the late Dr. J. B. Mustin for Dr. Nancrede, recorded in vol. iii. of the Transactions; the other by Dr. Hutchinson, recorded in vol. iv.

An exceedingly rare specimen of *Tænia*, the *Tænia nana*, was exhibited by Dr. E. A. Spooner, of this city, before the College of Physicians in 1872. As far as I am aware, it had been previously observed only by Bilharz in Egypt. Heller, who had seen an account of Spooner's specimen in a German periodical, was inclined, in the absence of a minute description of the head of the animal, to regard it as a specimen of *Tænia flavopunctata*, which it is said to resemble. In length, however, and in the number of its segments, Dr. Spooner's specimen accurately corresponds with the account given by Bilharz of the *Tænia nana*. I am informed by Dr. Spooner that the patient who passed these worms has remained in good health ever since.

There are other intestinal parasites to which I would refer, did time permit. Among the most interesting of those remaining are the *Trichina spiralis* and the *Anchylostomum duodenale*. In countries where the latter prevails, the cachexia to which it gives rise is liable to be confounded with pernicious anæmia; and even in this country I would suggest that a careful search be made for this parasite in all autopsies in cases of supposed pernicious anæmia.

I have placed under the microscope the following specimens:—*Trichina*, free and in muscular tissue; *proglottis* of *Tænia solium*, *Cysticercus cellulosæ*, *Acarus scabiei*, and *Echinococcus* brood capsules, for the use of which, as well as for that of the microscopes, I am indebted to Mr. Walmsley, of the firm of R. & J. Beck.—*Medical Times*.

THE TREATMENT OF DIPHTHERIA IN THE PAST EIGHT YEARS.

Diphtheria has been of late one of the most written-up diseases in medicine. The diligent reader comes to regard the perennial flow of articles on the subject as a sad necessity of progress.

Dr. Ernest Kormann, of Coburg, has done a work which is better than original. It is a review of the literature concerning the treatment of diphtheria in the past eight years. The number of contributions to this branch of the subject alone is very large, be-

ing nearly one hundred and seventy. It may be a source of gratification to know that Americans were authors of about one-eighth of these articles. The English contributions numbered only nine, and the French about the same.

It would be impossible to give here any adequate summary of the many views expressed in these numerous papers, but some idea of their general tenor would be, we think, of interest.

There are articles by twenty-four authors on the prophylaxis of diphtheria. These recommend various measures, most of which are known. The most complete harmony is on the subject of isolation and cleanliness. The next most unanimous recommendation is as to the value of frequent gargling. The agents oftenest recommended are potassium chlorate and lime-water. But many recommend salicylic acid, potassium, permanganate, astringents, myrrh, hot and cold water, carbolic acid, etc. Pencilling the throat with carbolic acid or other disinfectants is also advised. Internal medicines receive fewer recommendations except in the case of infants who cannot gargle. Potassium chlorate, salicylic acid, iron, quinine, alcohol, are among the agents enumerated as of use.

Upon the treatment of diphtheria proper there are one hundred and twenty-five contributions, with eighteen more upon the abortive treatment, making one hundred and forty-two in all. This represents a great deal of futile activity; but fortunately science is helped by failures as well as success.

A notable feature in the various contributions is that, no matter what the agent recommended, it is almost always an extremely efficient one. The literature of the therapeutics of diphtheria is essentially constructive. Indeed it is too much so, and so judicious iconoclasm would be very useful.

It is generally thought that when a disease has many drugs which are almost its specific, the real specific is nature. But Dr. Kormann suggests that this does not represent the whole truth for diphtheria. That disease may be in some cases or localities very favorably influenced by a special remedy which is of less value at other times or places. However this may be, it is certain that no heterogeneity of remedial measures recommended will justify a physician in adopting an expectant plan of treatment in the disease in question.

And indeed, the diversity in modes of treatment is not fundamentally at all great.

We find that two authors recommend flowers of sulphur blown into the throat. Thirty-eight authors recommend the use of some disinfectant as the essential thing.

Twelve give especial prominence to potassium chlorate; five to salts of iron; thirteen to mercury; four to local applications of chloral hydrate: four to alcohol and other stimulants; ten to the volatile oils and balsams (turpentine, eucalyptol, copaiva); twenty-six to pilocarpin; two to the application of digestive ferments.

There is the largest number of contributions, as well as the greatest weight of authority in favor of some form of antiseptic and roborant treatment.

The disinfectants recommended most are carbolic, salicylic, and

boracic acids. Permanganate of potassium, bromine, chlorine water, ozone, are also mentioned.

But whether disinfectants are recommended or not, chlorate of potash is the agent oftentimes referred to in treatment. The tincture of iron, so extensively used in America, receives less notice among the German writers.

The use of pilocarpine is fully discussed. On the whole, it seems to be a failure. No one has gotten the result first claimed for it. It is not a specific, and several cases of collapse resulting apparently from its use are reported.

The cases illustrating the action of the mercury salts (cyanide, bichloride, etc.,) are in some cases striking, but are too few for a satisfactory conclusion to be drawn regarding them. The methods of treatment by inhalation of oxygen, the use of digestive juices, fluoric acid, lime-juice, chloral, the balsams, etc., as yet have proved little for themselves.

The abortive methods of treatment consist in the careful and complete removal of the first sign of diphtheritic exudation; the very frequent spraying of the throat with weak solutions of salicylic acid, borac acid, or of brandy. The inhalation of steam with gargles of hot water, the local application of strong astringents, or of caustics, and the use of very large doses of alcohol, all of these various measures received about equal commendation.

It is apparent from a study of the literature which we have here referred to, that diphtheria has no specific, nor is it likely to get one, until we find something which will cure all septic diseases. But, there has been progress made in the therapeutics of the disease, and an intelligent physician can save many lives by judicious treatment.—*N. Y. Med. Rec.*

The Duties of Practitioners in Relation to their Professional Services to Each Other, to their Families, Widows and Children.—All legitimate practitioners of medicine, their wives, and children while under the paternal care, are entitled (not as a matter of right, but by professional courtesy) to the reasonable and gratuitous services—railway and like expenses excepted—of the faculty resident in their immediate neighborhood, whose assistance may be desired. In the case, also, of near relatives who are more or less dependent upon a professional brother (other than wealthy), it will likewise be well, at his request, to forego or to modify the usual fee. On the other hand, a son or daughter altogether independent of the father, or the widow and children of a practitioner left in affluent circumstances, should be charged as ordinary patients, unless feelings of friendship or other special reasons render the attendant practitioner averse to professional remuneration. In such case the rule need not apply. Moreover, if a wealthy member of the faculty seeks professional advice, and courteously urges the acceptance of a fee, it should not be declined; for no pecuniary obligation ought to be imposed on the debtor which the debtee himself would not wish to incur.—Proposed amendment to Code of Medical Ethics, British Medical Journal, 1882, p. 480.—*Medical Times.*

ABSTRACTS AND GLEANINGS.

The Parasitic Nature of Tubercular Consumption.—Professor Tyndall has communicated to the London Times an account of results obtained by Dr. Koch, of Berlin, the investigation of the etiology of tubercular disease, as set forth by him in an address delivered March 24th, before the Physiological Society of Berlin.

It was the aim of Dr. Koch to determine the precise character of contagion which previous experiments on inoculation and inhalation had proved to be capable of transferring, and reproducing tubercular consumption.

In pursuing these investigations, Dr. Koch subjected the diseased organs of a great number of men and animals to microscopic examination, and found, in all cases, the tubercles infested with a minute rod-shaped parasite, which, by means of a special dye, he differentiated from the surrounding tissue. It was, he says, in the highest degree impressive to observe in the centre of the tubercle cell the minute organism which had created it. Transferring directly by inoculation the tuberculous matter from diseased animals to healthy ones, he in every instance reproduced the disease.

To meet the objection that it was not the parasite itself, but some virus in which it was imbedded in the diseased organs, that was the real contagium, he cultivated his bacilli artificially for long periods of time, and through many successive generations. With a speck of matter, for example, from a tuberculous human lung he infected a substance prepared, after much trial, by himself, with the view of affording nutriment to the parasite. Here he permitted it to grow and multiply. From this new generation he took a minute sample, and infected therewith fresh nutritive matter, thus producing another brood. Generation after generation of bacilli were developed in this way without the intervention of disease. At the end of the process, which sometimes embraced successive cultivations, extending over half a year, the purified bacilli were introduced into the circulation of healthy animals of various kinds. In every case inoculation was followed by the reproduction and spread of the parasite, and the generation of the original disease.

In the course of his experiments Dr. Koch determined the limits of temperature between which the tubercle bacillus can develop and multiply to be 60° Fah., and a maximum of 104°.

He concludes that, unlike the bacillus anthracis of splenic fever, which can flourish freely outside the animal body in the temperate zone, animal warmth is necessary for the propagation of the newly discovered organism.

In a vast number of cases, Dr. Koch has examined the matter expectorated from the lungs of persons affected with phthisis, and found in it swarms of bacilli, while in matter expectorated from the lungs of persons not thus affected he has never found the organism. The expectorated matter in the former cases was highly infective, nor did drying destroy its virulence. Guinea pigs infected with expectorated matter which had been kept dry for two, four

and eight weeks respectively, were smitten with tubercular disease quite as virulent as that produced by fresh expectoration. Dr. Koch points to the grave danger of inhaling air in which particles of the dried sputa of consumptive patients mingle with dust of other kinds.

Commenting upon this important communication from Prof. Tyndall, the London Times points out the significant fact that though the experiments of Dr. Koch seem as yet to have been carried no further than to the repeated cultivation of the tubercle bacillus in its original virulence, they will speedily be followed, as a matter of course, by attempts at cultivation in diminished intensity. The evidence even now, the Times continues, does not rest upon the labors of Dr. Koch alone, for Prof. Klebs, five years ago, declared the infective property of tubercle to be due to the presence of a microphyte (practically a synonym for bacillus), and Dr. Schuller, of Griefswald, a resume of whose investigations was given by Mr. Simon to the International Medical Congress, has proved that the microphyte which characterizes tubercle characterizes also certain affections popularly called scrofulous, such as diseased joints and glands, and that inoculation from any of them, or with a fluid in which the microphyte has been cultivated, will infect with general tuberculosis. Dr. Schuller, according to the same authority, has also made proposals for the treatment of tubercle on the basis of its micro-parasitic origin, and has shown the successful results of such treatment upon animals which he has inoculated.—*Scientific American*, May 13th.

Prolonged Gestation.—In the May number of the New York Medical Journal and Obstetrical Review, Dr. Louis A. Rodenstein, of New York, reports four cases of prolonged gestation, and remarks that the number of cases cited upon undoubted authority by every writer on obstetrics, and the cases constantly reported as occurring under the personal observation of general practitioners, go to show that prolonged gestation is not a myth, and especially that it should not be explained away by questioning the virtue of the mother. How long the duration of the period of gestation can extend beyond the normal time is not yet determined, perhaps cannot be determined, but that it may extend over two months is apparently settled. The same principle is involved, whether the uterus tolerates the presence of the child three days or one hundred and forty-five days (Prof. Meigs' Report) after the natural term of gestation has expired. He believes that, after the uterus has performed its physiological function of gestation for the natural term, it rests from the work of gestation proper. Why does it not, then, exercise the function of expulsion? That question he does not attempt to answer, but believes that after gestation has performed its proper and peculiar work the growth of the child is complete, and it thereafter lies dormant in the womb. Otherwise the child would grow to huge size, and its delivery in the natural way would be impossible; whereas in the case cited the size of the child at the expiration of the period of prolonged gestation was normal.—*Detroit Clinic*.

Vehicle for Salicylic Acid.—I have been, for three years past, using the following: R.—Salicylic acid, $\frac{1}{2}$ ℥; liq. acet. ammonia, ℥ij; syr. limonis, ℥ij; aquæ, ℥ij. M. Sig.—One teaspoonful every hour.

The amount of salicylic acid can be doubled in case it is necessary, without changing the amount of the other ingredients, and given as frequently. Sometimes the syrup of lemon is not at hand, and then I proceed thus: R.—Salicylic acid, ℥i; liq. acet. ammonia, ℥viii; aquæ, ℥vii. M. Sig.—One teaspoonful every two or three hours.

As effervescence takes place when adding the acet. ammonia, it is best to make the mixture in some broad, tolerably deep vessel, and after subsidence pour it off. This is a most eligible preparation, as the taste is effectually concealed, and it is, in fact, quite pleasant to take. By having the ammonia in the mixture, we subserve an important end, viz: the prevention of the formation of heart clots, which, it is said, is not of unfrequent occurrence in rheumatism, and the detachment of which produces such dire and often fatal effects. Instead of the traditional "six weeks in bed," I usually have my patients able to hobble about in from four to eight days. One case in particular, in which all the joints of the lower extremity, and all of the upper, except the left shoulder, elbow and wrist, were intensely swollen, so that it was impossible for him to move in bed, yielded so rapidly to the effects of the remedy, that at the end of four days he could hobble about on crutches, and I discharged him on that day. As this was a severe case, I gave a tablespoonful of the second prescription every two hours. These prescriptions are not original with me, and, if I remember aright, I copied them from the Brief some years ago, but the brethren will find them as reliable as I have.—*Wm. W. Moore, M.D., in Medical Brief.*

Treatment of Hay-Fever.—Dr. Herman Hager, who has observed a case of catarrh with subsequent asthmatic trouble and loss of appetite, which closely resembled the hay-fever of England and the United States, thought of trying his catarrh-pills (1), prepared after the following manner:

R Quinidiæ sulphatis.....	10.0 gm.
Tragacanthæ.....	4.0 "
Althæa rad.....	1.0 "
Gentian. rad.....	8.0 "
Glycerin.....	7.0 "
Acid. hydrochloric.....	7.0 "

M. Make 200 pills. Take three every two hours.

(Comp. also New Remedies, 1880, 243; 1881, 254.)

The condition of the patient improved in the course of the first day, and on the second day the patient was well. Six months afterwards the attack again occurred, but yielded readily to the same treatment.

Dr. Hager thinks that hay-fever is caused more probably by the dust or spores of fungi, than by the pollen of phænogamous plants.—*Pharm. Centralhalle, No. 18.*

Effect of an Overdose of Podophyllin—amount taken about sixty centigrams (ten grains).—Prof. D. W. Prentiss reports the following case in the Medical Times: Mrs. H., aged about 45 years, a strong, healthy person, had been constipated for a week, and was feeling badly in consequence. Her husband was in the habit of taking podophyllin for constipation, and had a bottle of it in the house. Mrs. H., knowing this circumstance, got the bottle, and took out as much of the medicine as could be held on the handle of a teaspoon, mixed it with a little water, and swallowed it. The dose was taken April 9, at 5 p.m.

At 7 p.m. had cutting pains on both sides of the abdomen, with desire for stool.

At 8 p.m. feeling very badly, went to bed. The pain had ceased; there was great exhaustion, with relaxed muscles and a feeling as though the body was bathed in sweat, which it was not; then came a fearful pain in the occiput, as "though the head was being split open." This pain lasted about two minutes, and was followed by a dull throbbing ache and feeling of heaviness, so that the head could not be raised from the pillow. At 8:30 o'clock vomiting began—first the contents of the stomach, then thin, bitter, dark-green fluid—from half a pint to a pint at each attack. There were six or seven spells of vomiting between 8:30 o'clock and 4 o'clock the next morning. With each spell of vomiting the bowels moved—first constipated, then thin, watery stools, but no blood. There was no pain with the stools. Frequent sensations of heat passing over face and head were noticed. With each occasion of vomiting the exhaustion was so great that she felt as though dying. Could not raise the head or assist in the act of emesis.

I was called to the case at one o'clock in the night—eight hours after the podophyllin had been taken—when I found the patient in a state bordering on collapse: features pinched, extremities cold, pulse very feeble. Administered hypodermic injection of morphia sul. 1 centigram (gr. $\frac{1}{16}$), atropia sul. $\frac{1}{2}$ milligram (gr. 1-120) and followed it by sherry wine and lime-water, equal parts, small tablespoonful every fifteen minutes. Also left some morphia and atropia powders as above, to be taken every two hours if required. Hot applications to abdomen and extremities. There were two attacks of vomiting in the night after my visit, but much less severe, and on the morning of the 10th of April the patient was all right again, except the exhaustion.

Therapeutic Effects of Damiana.—In Paris Medical, No. 48, we read that damiana, *turnera aphrodisiaca*, is a herbaceous plant belonging to the portulaca family, and growing in Brazil and on the western coast of Mexico. Its flowers are white, and have the odor of buchu. It is gathered during August, while its stems are covered with an odoriferous gum-resin.

Damiana has for a long time been used among the Mexicans as a tonic; its stems and leaves are made into a decoction, which is taken to restore strength and nerve energy. It is also given in cases of impotency in either sex. It exerts a specially tonic and stimulating effect on the genito-urinary organs of both sexes, and

when given in medium doses, acts as an aphrodisiac, an alterative, and a laxative, with a tendency to increasing the urinary secretions and developing sexual desires. In small doses, it appears to have specific tonic effects on all the pelvic organs, and gives increased activity to the secretions. It is also recommended as a nervine.

Damiana could, therefore, be used as an aphrodisiac in spermatorrhœa, in atrophy of the testicles, and in incontinence of urine; also as a powerful stimulant of the cerebral faculties, and in all accidents attending premature labor, in difficult menstruation, and in the diseases following gestation.

The effects of damiana are quite different from those of strychnine, phosphorus, or cantharides, which are given in small doses, for the purpose of obtaining immediate results. It acts, not as an irritant, but as a stimulant of the brain, and a tonic of the nerve centres governing the urino-genital apparatus, and its use has to be continued for several weeks. Its effects are chiefly noticeable on the sympathetic nerve, and when taken in large doses, it produces a peculiar intoxication, attended with slight pains in the prostatic region. Its good effects on the kidneys, the bladder, and the genital organs, are also manifest.

In doses of a teaspoonful three or four times daily, continued for several days, damiana has a pleasant laxative effect. The fluid extract is generally prescribed; it is combined with equal parts of pure glycerine, or syrup of tolu, or a fruit syrup of some kind. It may also be taken in wine. It is given in doses of thirty to sixty grains, three or four times daily. A solid extract is also prepared, of which the dose is thirty to sixty centigrams, (=gr. iv ss—gr. ix). *Med and Surg. Rep.*, Feb. 18, 1882.

Vomiting in Pregnancy.—Dr. Crounse in *Medical Annals*, reports a case of obstinate vomiting in pregnancy which, having resisted many remedies, was relieved as follows—he remarks: She now insisted so strongly upon having an operation for abortion performed that I concluded to pretend to accede to her wishes, and accordingly introduced the speculum, and with a uterine sound (pointed) slightly irritated the os, intending, under cover of this, to try still further the effect of other remedies. I left her entirely satisfied, thinking the desired operation had been performed. Judge of my surprise upon being told at my next visit that the vomiting had been very slight, that she had taken and retained some liquid food, and the drooling had, in great measure, subsided. She continued in this condition four days, when the vomiting returned. I again introduced the speculum and irritated the os, this time so that a slight trace of blood was visible. The vomiting again subsided, and she was able to take and retain food both liquid and solid. There was no return of the vomiting for two weeks, when it began again, but subsided upon irritating the os as before, and thus it continued, with occasional attacks, each of which readily disappeared by the same irritating process. After the sixth month there was no return of the vomiting, and at the end of gestation I delivered her of a female child weighing 8½ pounds.

Bandage After Delivery.—In Wisconsin State Medical Society Dr. F. H. Day, of Wauwatosa, read a paper advocating and defending the use of the binder after confinement, as a support to the recently overdilated abdominal walls, controlling excessive mobility of the uterus, and aiding in the prevention of hemorrhage. The Doctor declared that he would no sooner neglect the universal application of the bandage than neglect bandages and splints for a fractured limb. He would have the bandage worn in many cases for weeks, or even months, and would hold any practitioner to be criminally negligent who was careless or indifferent as to when or how it was applied. He believed the bandage useful also in preserving the form of the woman.

Dr. Hunt said that, though he had been taught that the bandage was an invaluable aid in preventing after pains, and in diminishing the danger from flooding, and though he had used it with those ideas during the first ten years of his practice, he had applied it but rarely for the last twelve or thirteen years, except in cases where the patient had ventral hernia, or was very corpulent. He did not believe it could be applied tightly enough to have any effect on hemorrhage without causing great discomfort. He always applied firm pressure over uterus during removal of placenta, and for five or ten minutes afterwards, which in most cases, insured permanent contraction.

Dr. Griffin spoke particularly of the theory that the binder was useful in restoring and preserving the symmetry of the form, decidedly dissenting from that opinion. He believed the binder useful as a temporary support to the recently distended and now tired abdominal walls, but that its use was limited to a very short time, and that in most cases it became a discomfort and a nuisance to a woman after a very few days.

Dr. Vivian believed the bandage wholly useless, except for the temporary feeling of comfort it gave the mother.

Typhoid Diarrhœa.—Upon admission patient was somewhat prostrated; has diarrhœa and tenderness in the epigastric region; the tongue is slightly coated in centre, moist; appetite poor; pulse slow; no fever. Heart, lungs and urine normal. Ordered quinine gr. viij. daily. Hope's camph. mixt. f. 3ss. as needed, and liquid diet.

April 20th. Diarrhœa has been checked, and he feels much better.

April 25th. Feels very well; bowels regular; appetite good. Temperature has ranged from 98° F. to 98.5° F.

CASE V. Diarrhœa with typhoid prostration. M. Z., aged 29, born in Germany, laborer; admitted April 17, 1882; discharged April 25, 1882, cured. Eight days ago, while working at a sugar refinery, he began having diarrhœa and pain in the bowels, and these have continued up to the present time.

Upon admission his face is slightly flushed, and he has a typhoid appearance; is somewhat prostrated; tongue coated in centre, moist; pulse slow, bowels were opened six times during the night. He has no fever, and there is no fullness of the abdomen. Exam-

ination of heart, lungs and urine gives negative results. Ordered Hope's camphor mixture f ʒss. to be given as needed, quinine gr. viij. daily, and liquid diet.

April 23d. Feels very well; bowels regular; no pain; appetite good. Temperature has ranged from 98° F. to 98.5° F.

CASE VI. Diarrhœa with typhoid prostration. M. W., aged 19, born in Germany, single, laborer; admitted April 24, 1882; discharged April 29, 1882, cured. Has generally been very healthy. Came to this country eight months ago; two weeks ago he began working at a sugar refinery; about two weeks ago he was taken with diarrhœa, which has since become worse; has not had any nausea or pain.

Upon admission patient is slightly prostrated; face flushed; temperature also subnormal, 98° F.; tongue slightly furred, moist; pulse slow; appetite poor; bowels loose. Examination of heart, lungs and urine gives negative results. Ordered Hope's camphor mixt. f ʒss. to be given as needed.

April 29th. Diarrhœa has been checked, appetite has improved, and he seems very well again.—Dr. Hutchinson in *Boston Med. Journal*.

Treatment of Acute Dysentery with Aconite—Dr. William Owen (*Indian Medical Gazette*) reports one hundred and fifty-one cases of acute dysentery occurring in the Convict Hospital, Port Blair, India, which were treated with tincture of aconite. All the cases were typical examples of acute dysentery; and all, with one exception, recovered. He states that he was led to give aconite a trial, as the remedy most likely to be successful, from the following considerations: 1. From its beneficial action in other acute inflammations; 2. From its effects on the capillaries of the skin which it dilates, thus relieving internal congestion; 3. From its antipyretic action in febrile cases; 4. From its sedative action on the mucous membrane of the stomach and intestines, and its beneficial action in some forms of dyspepsia. In the first case in which he tried this remedy he was somewhat diffident, and he had ten cases in which a combined treatment of ipecac and aconite was used. However he soon discontinued the ipecac entirely, finding there was no occasion for its use.

Dr. Owen gives one minim every quarter of an hour for the first two hours, and a minim every subsequent hour, or thirty minims in twenty-four hours. This method he finds to be followed by the best results, inasmuch as the action of the medicine is more rapidly established, and an effect on the disease was more quickly produced than by the other methods.—*Med. News*.

Liebig's Corn Cure.—Extract cannabis indica 5 parts; salicylic acid 30 parts; collodion 240 parts; mix and dissolve. It is applied with a camel-hair pencil, so as to form a thick coating, for four consecutive nights and mornings. The Indian hemp acts as an anodyne, and the acid disintegrates the corn, so that after a hot bath on the fifth day it will come out, adhering to the artificial skin of collodion on the toe. This causes no pain and is said to be very effective.—*Mich. Med. News*.

Rules of Practice in Operating upon Pregnant Women.—Dr. A. Verneuil (International Surgery, vol 1., p. 334) gives the following: Operate at once upon those affections which immediately endanger the life of the mother, and against which medical treatment would be certainly or almost unavailing.

Operate also at a suitable time, and after having tried palliative or curative remedies, in those diseases which, though not immediately compromising life, endanger it by their progress, and tend to become incurable if not met with energetic treatment. Operate also in those affections which without disturbing pregnancy and without being aggravated by it, become at its termination causes of dystocia. In these cases the surgeon may operate before or at the very period of delivery, upon the mother or upon the fœtus, the premature expulsion of which may be induced. An attempt should be made to save both mother and fœtus, but this being impossible the latter must be unhesitatingly sacrificed to the former.

Abstain as far as possible from every operation in those affections which are uninfluenced by pregnancy—and which in turn only compromise pregnancy and parturition indirectly—by as far as possible allowing nature to act, and by aiding her by mild measures.

Abstain absolutely from every operation for affections which compromise only the form or function of the organs of secondary importance, or which are susceptible of spontaneous cure after delivery.

Avoid, as far as possible, every operation during the puerperal state. In case of danger, operate rather during pregnancy, and under opposite circumstances, postpone interference until a period sufficiently remote from delivery.—*American Med. Weekly.*

Cholera Infantum.—Dr. S. Perry says, in American Medical Weekly, of cholera infantum: I used to be greatly troubled with this disease in my practice, and have tried most of the remedies suggested by medical writers; but with poor success. The remedy I find to answer the purpose, and worth all others combined, is sulphuric acid. After a dose of calomel and castor oil, the sulphuric acid, with a small quantity of quinine. In addition use starch and laudanum enemas. Whoever tries this remedy will not be ashamed of his success in the treatment of cholera infantum. I have tried sub-nitrate of bismuth, and many other articles. They are nothing compared with the acid treatment.

I have practiced medicine for thirty years and have seen many remedies, and almost as many failures.

Antidote for Strychnine.—The British Medical Journal of March 11, 1882, stated that Messrs. Greville, Williams & Waters of the Royal Society, have discovered an antidote for strychnine. The substance is named *lutidine*, and is obtained by distilling cinchonine with caustic potash. The efficacy of the remedy has been tested by experiments on frogs. The results of the experiments are most promising and lend encouragement to the hope that, at least, a reliable antidote has been discovered.—*Canada Lancet.*

Treatment of Rabies with Hoang-Nan.—Hoang-nan is a creeper found in the mountains sedarating the kingdom of Annam from Laos. This plant belongs to the family of Loganiaceæ. So says Dr. Lesserteur. It produces the same physiological effects as strychnia and brucia. However, under its influence, it is always the lower limbs which first are affected with tetanus, and in which the greatest amount of contraction is observed after death.

The Tonqua remedy is prepared after the following formula:—Alum, 1 part; native realgar, 2 parts; bark of hoang-nan, 2 parts; the whole is powdered and made into pills containing each 25 centigrammes of the mixture.

Hoang-nan alone and the above mixture have been used as remedies for the leprosy, rabies, bad ulcers, scrofulidæ, paralysis, etc. It is reported to have marvelous effects in leprosy, yet experimenters have not met with any success. It has the reputation of being infallible for rabies, even when in its worst period, but such affirmations have not scientific value.

The Tonqua remedy was known at the beginning of the last century; it was then composed of cinnabar and musk. It seems to have rendered good service in the hands of the physicians of the time, in the treatment of rabies.—*Paris Medical*.

The Proper Dose of Conium.—Seguin (Archiv. of Medicine, April, 1882), commenting upon the dose of this agent (he employs the fluid extract, Squibb), says that to get any effect from it we must use much larger doses than are usually recommended. He says use it in chorea, spasm or paralyzed limbs, general irritability, and insomnia. To obtain muscular relaxation as in chorea, after a few tentative doses of 20 and 40 minims, he gives 60, 80 or even 100 minims, which cause ptosis (sometimes diplopia) and paresis of arms and legs. He does not repeat until the effects have passed off—12 to 24 hours. He has almost perfectly cured a chronic adult chorea of 14 years duration by teaspoonful doses daily for a month or more. Many cases of insomnia with wakefulness in the first part of the night, more especially those with fidgets or physical restlessness are very much benefited by conium—m. xx with gr. xx bromide of potassium, to be repeated if necessary. The indications of conium can only be fulfilled by obtaining its physiological effects between which and the toxic effects there is a wide distance.—*Id. Med. Jour.*

Relief of Pain in Lead Colic.—Dr. Geneuil, in a note to the Bulletin de Therapeutique, after alluding to the various means adopted for the relief of the terrible pains of lead colic, as rubefaction by synapisms, chloroform, electricity, and hypodermic injections of morphia, relates a case to which he was called in the country, where none of these means were at hand, and in which he succeeded in giving complete and permanent relief by a very simple procedure. Having directed a napkin to be heated at the fire, he first applied a towel wetted with almost ice-cold water to the whole surface of the abdomen, while the patient was shrieking with pain, and having retained it there for four or five seconds,

rapidly replaced, it by the almost burning napkin. The effect was like enchantment, the pain instantly disappearing and sleep following, without any return of suffering. The cause of the colic was at first obscure, but was found to depend upon the patient, who was an inveterate smoker, and had very often in the day to relight his pipe, which he did by means of matches colored with chromate of lead.—*N. Y. Med. Record.*

Can a Man Have Syphilis Twice?—The man whom we have just seen offers a remarkable example of the occurrence of a second chancre soon after the first. His second sore has been, as I have repeatedly demonstrated, characteristically indurated. He is quite candid, and made no doubt that this sore was the result of contagion; yet it is barely a year since he had his first chancre, and this was followed by an eruption, of which he had scarcely got clear when this second sore occurred. The case is proof that man may have an indurated sore on the penis within a year of the former one; but it is not proof that he may have syphilis twice; for this patient has not as yet had any constitutional symptoms as the result of the last chancre. If, however, you ask me for an answer to the general question, Can a man have true, complete syphilis twice? then I must reply clearly that he can. Such cases are rare—as rare, perhaps, as second attacks of small-pox—but they do occur.—*Cincinnati Lancet and Clinic.*

Unquestionably, a man may have syphilis again and again, and this fact is very strong as an argument in favor of the *curability* of the disease. Prof. Roswell Park, of Chicago, reports, in a recent number of the Southern Clinic, the case of a patient under his care with a second attack of syphilis.—[*Ed. Southern Clinic.*

Wight on the Combating of Small-Pox.—This is a paper read before the Ann Arbor Sanitary Convention. As its author is the present efficient and able health officer of Detroit as he formerly was of Milwaukee, we have read his paper with more than usual interest.

He shows that inoculation failed to be a satisfactory method of combatting small-pox.

He calls attention to several groupings of facts showing that vaccination furnishes the best method for fighting small-pox:

1. The great mass of enlightened people believe in it.
2. Educated medical men are almost unanimous in favor of vaccination.
3. The governments of nearly all civilized nations favor vaccination.
4. Statistics on a large scale demonstrate the utility of vaccination.
5. Special statistics also demonstrate the benefits of vaccination.

As to the degree of protection of vaccination when it is properly performed, it is as complete a protection as small-pox itself.—*Detroit Lancet.*

Micro-Organisms and Disease.—Dr. Declat, with the object of going straight at the source of the mischief, suggested the vigorous use of phenic acid, by injection into the veins and otherwise, as a means likely to prove effective against the organisms of yellow fever and kindred acute forms of malarial poisoning. The suggestion went out to Brazil, and in June last M. DeLacaille, a French physician resident in Rio, wrote home his experience of it. The first case in which he tried it was a young lady apparently on the point of death from the worst form of the disease—a fever attended with the fatal black vomit. In three days she was out of danger. "During the thirty years in which I have been employed in fighting yellow fever," writes M. De Lacaille, "this is the first patient whom I am certain of having snatched from death at such a period of the disease." In a dozen other cases the treatment was crowned with equal success; but in most of them, adds M. De Lacaille, "the cure was so rapid that, notwithstanding my long experience, I have asked myself if they could really have been yellow fever. Called in at the period of incubation, the triumph is easy."—Cameron, Social Science Congress.—*N. Y. Med. Times*.

Pruritus Ani.—For twenty years I have suffered from that annoying disease, pruritus ani, and had placed myself under the care of various physicians at different times, but without the least benefit. About two years ago, I noticed a brief paragraph in the Medical News, to the effect that balsam Peru would relieve that trouble. I tried it: and it gave immediate and entire relief. The disease still clings to me; but, when it becomes annoying, a single application of the balsam affords relief. Of all the medicines which I have tried, this is the only one that has had any effect.—*Cin. Lancet and Clinic*.

Jamaica Dogwood.—A writer remarks: I employed it with success in several cases in which opium could not be tolerated. The necessity for an anodyne in these cases arose, respectively, from the pain following an operation, from idiopathic inflammation, and from neuralgia. I should regard its anodyne properties, however, rather less powerful than those of opium, although its hypnotic action is more decided. I believe it will take rank between chloral and opium for its anodyne and hypnotic properties, while it is devoid of objections peculiar to each of these drugs. Dose, half to one drachm.—*Therapeutic Gazette*.

Treatment of Gonorrhœa.—Mr. W. Watson Cheyne, Asst. Surg. King's Coll. Hosp., in British Medical Journal, states that a bougie composed of fifty grains of iodoform, ten minims of oil of eucalyptus, and eighty-five grains of cocoa-butter passed into the urethra and secured by pad and strap at the meatus, allowed to dissolve and followed by an injection of boracic acid solution ("saturated solution of boracic acid") or an emulsion of eucalyptus oil "(one ounce of eucalyptus oil, one ounce of gum acacia, water to 40 or 20 ounces) to be used for two or three days," will effect a cure in ten days.—*Canada Med. Record*, Oct. 1881.

Incompatibility of Salicylate of Sodium with Spirits of Nitrous Æther.—A. W. Gerrard (Pharm. Journal and Trans., Nov. 8, 1881,) states that his attention has been called to a chemical reaction not generally known to prescribers, viz: that between salicylate of sodium and sweet spirits of nitre. The mixture gradually assumes a dark color, becoming at length nearly black, and letting fall a black deposit. The change takes place more rapidly in the light, and is brought about immediately by heating the mixture, although in that case the color does not become so dark. Together with the change in color there is developed an odor resembling that of gaultheria, so it is probable that there is formed in the reaction sodium nitrite and ethyl salicylate, but there must be also more complex changes to account for the darkening of the mixture.—*Detroit Lancet*.

Beef Tea and Coca.—At Charity Hospital, New York, Miss Corson said:

When a nutrient tonic is required, beef tea with coca infusion is one of the best known to the medical profession. Coca leaves, which come from South America, can be purchased at any large drug store. The coca is used to sustain strength and to stimulate the system when it is exhausted. To make the tonic, pour a half pint of boiling water on an ounce of dried coca leaves, and let it steep for an hour, keeping the water hot, but not boiling. Strain the coca infusion, and mix in equal parts with the beef tea, and the tonic is ready for the patient. It has a very unpleasant taste, judging from the faces of some of the ladies who ventured to introduce it into their mouths, but it is very effective.

Giteau's body is to have a thorough post mortem performed upon it, with a view to settling the question of insanity. We are glad they are to settle it in this way. If all murderers who plead the insanity dodge, were only hung, and then the question of responsibility settled by autopsy, there would be fewer murders. Do so some more, Messrs. Lawyers.—*Ex*.

Cause of the Decay of Teeth.—In a recent work by A. Weil, ("Zur Ätiologie der Infectious-krankheiten"), says Nature, the cause of the decay of teeth, whether external or internal, is stated to be the schizomycetous fungus, *Leptothrix buccalis*. The fungus can readily be detected by its acid reaction.—*N. Y. Med. Times*.

Chloral Enemata in Vomiting of Pregnancy.—Dr. Vidal (Paris Medicale) claims to have overcome vomiting of pregnancy by injecting 15 grains of chloral hydrate in infusion of orange leaves, twice daily. Dr. Dussand, of Marseilles, also claims good results from the same treatment.—*Chicago Med. Review*.

Expert's Fees in Courts of Justice.—The Supreme Court of Boston has decided that a physician is not bound to give his professional opinion for nothing, and that he can claim payment as an expert.—*Boston Med. and Surg. Reporter*.

SCIENTIFIC ITEMS.

The Telephone is now made to serve the diver in reporting what he has discovered or in receiving instructions from above. One of the glasses made in the helmet is replaced by a sheet of copper, into which the telephone is fixed, so that the diver, when at the bottom of the sea, has only to turn his head slightly in order to receive directions. It was the custom formerly to pull the diver up at intervals for reports and instructions, which was more or less dangerous.—*Mechanical News*.

How Fast Does Niagara Recede?—The river distance from the falls to the mouth of the canyon is about ten miles. If the maximum estimate of our engineers of an inch per year is allowed, the falls have been 1,267,200 years in reaching their present position. The river distance to Buffalo is $2\frac{1}{2}$ times as long, an equivalent of 3,168,000 years. The bed of the river from the falls to the outlet of Lake Erie was ascertained by thousands of soundings to be bed-rock, so that a natural drainage of the great lakes by the Niagara river need not be anticipated as long as man may be permitted to exist.—*Mechanical News*.

Unexplored Countries.—According to an English geographical writer, there are four vast areas still to be opened up or traversed by civilized man, and which, among them, constitute about one-sixteenth of the whole area of the globe. Of these, there is the ant-arctic region, which in extent is about seventy-five times that of Great Britain; the second lies about the north pole; the third is Central Africa, and the fourth is Western Australia. The south polar region referred to is almost conterminous with the ant-arctic circle. The vast African area reaches on the west very closely to the coast, and it is only near the equator that it has more than superficially been driven inland. In Australia, the great undeveloped region is that which lies west of the track explored from North to South by Stuart, and which now forms the line of telegraphic communication across that continent.—*Mechanical News*.

Effect of Compression on Solids.—A German chemist has recently published an interesting memoir, giving the results of a series of experiments as to the effect of powerful compression on various bodies. The substances experimented with were taken in fine powder, and submitted in a steel mould to pressures varying from 2000 to 7000 atmospheres, or about 7000 kilograms per square centimeter. Lead filings at a pressure of 2000 atmospheres, were transformed into a solid block, which no longer showed the least grain under the microscope, and the density of which was 11.5, while that of ordinary lead is 11.3 only. At 5000 atmospheres the lead became fluid and ran out through all the interstices of the apparatus. The powders of zinc and bismuth, at 5000 to 6000 atmospheres, gave solid blocks having a crystalline fracture. To

ward 6000 atmospheres zinc and tin appeared to liquify. Powder of prismatic sulphur was transformed into a solid block of octahedric sulphur. Soft sulphur and octahedric sulphur led to the same result as prismatic. Red phosphorus appeared also to pass into the denser state of black phosphorus. A certain number of pulverized salts solidify through pressure, and become transparent, thus proving the union of the molecules. At high pressure the hydrated salts, such as sulphate of soda, can be completely liquefied. Various organic substances, such as fatty acids, damp cotton and starch, change their appearance, lose their texture, and consequently undergo considerable molecular change.—*Boston Journal of Chemistry.*

M. Pasteur.—It required no ordinary moral courage for M. Pasteur, the distinguished biologist and investigator in the department of germinal organisms, to announce himself a spiritualist, at his brilliant reception at the French Academy, April 27th. His position was perhaps as enviable as any that a scientific man can hope for, surrounded as he was by an assemblage which embraced the most learned and brilliant men of the age. It was the occasion of his introduction to the Academy, when he gave an address commemorative of M. Littre, to whose chair he succeeds.

It is not supposable that, in the use of the term, he intended to have his associates understand that he has any affiliations with the long-haired, peripatetic philosophers who exhibit as mediums in various parts of the world, but rather that he discovers in the psychical phenomena called spiritualistic the elements of fact. A more extended, careful, unbiassed study of this class of phenomena by scientific men has undoubtedly resulted in establishing in the minds of many a clear conviction of their verity; but there are few who have the courage openly to avow their belief.—*Boston Journal of Chemistry.*

In the tropics of the Old World the annual rainfall is, according to Dana, about 77 inches, while it is 155 inches in South America. In the Eastern United States, it is 40 to 50 inches; but west of the one-hundredth meridian, beyond the Mississippi to the Sierra Nevada, it is mostly 12 to 16 inches. The annual amount in Great Britain averages 35 inches; in France, 20 to 11 inches; farther from the coast, in Central Germany and Russia, only 15 to 20 inches; but about the Alps, it is mostly 35 to 50 inches.—*Ex.*

THE degree of heat necessary to destroy trichinæ in pork is a matter of importance as a safeguard against trichinosis. A German microscopist states that only the most thorough cooking of meat will insure perfect safety, as pork cooked to the degree known as "rare" may still contain the living parasites so much dreaded.—*Ex.*

THE researches of P. Plantamour have shown that every rise in temperature is accompanied by an elevation of the ground, and a fall of the thermometer is marked by a sinking of the ground level. The extent of the movements is in some cases quite remarkable.—*Ex.*

PRACTICAL NOTES AND FORMULÆ.

Cinchonic Mixtures.—

RHEUMATIC MIXTURES.

Sulphate of quinia	30 grains,
Iodide of potassium	15 “
Dilute sulphuric acid	15 drops,
Distilled water	4 ounces,
Simple syrup	1 drachm.

Mix. Dose, a teaspoonful every two hours.

SWEET QUININE MIXTURE FOR CHILDREN.

Sulphate of quinia	15 grains,
Cold infusion of coffee	3 ounces,
Syrup of chloroform	12 drachms.

SYRUP OF CHLOROFORM.

Chloroform	20 drops,
Alcohol	90 minims,
Simple syrup	3 ounces.

Mix the chloroform and the alcohol, and to the solution add the simple syrup. A good addition to bitter mixtures and drops.

FEVER SYRUP FOR POOR PEOPLE.

Quinoidine	30 grains,
Citric acid	95 “
Alcohol	100 “
Syrup of coffee	2½ ounces.

Dissolve the acid and the alkaloid in the alcohol, and add the syrup in the solution.—*Monthly Review of Med.*

Treatment of Eczema.—In chronic eczema, especially in infants, and in eczema of the face, Dr. Lassar recommends an ointment. The formula for an ointment in eczema of the face, which cannot be rubbed off during sleep, is—

Salicylic acid	3ss;	2.00 gm.,
Oxide of zinc	} aa	3vjss; 25.00 gm.,
Starch		
Vaseline	3iij;	50.00 gm.

Diarrhœa.—In certain cases of diarrhœa characterized by a want of intestinal tonicity, A. W. Hagenbach, M.D., (Chicago Med. Jour. and Exam.) has used the following with marked success—

R Olei terebinth	fl. 3ij;	8.00 fl. gm.,
Tinct. opii	fl. 3iij;	12.00 fl. gm.,
Syrup kramariæ	fl. 3ij;	60.00 fl. gm.,
Aquæ puræ, ad	fl. 3iv;	120.00 fl. gm.,

M. Emulsif. Sig. A teaspoonful every three or four hours.

Treatment of Uterine Fibroids.—Fibroids of the uterus may often be successfully treated by the use of suppositories of ergotin, made according to the following formula:

Ergotin..... gr. 1-12; 0.005 gm.,
Coca butter..... gr. xxij; 1.50 gm.
Vaseline..... q. s.

For one suppository.

These suppositories are of equal use in cases of menorrhagia, metrorrhagia, and chronic metritis.—*Le Progres Medical: Lond. Pract.*

Hope's Camphor Mixture.—

R Acidi nitrosi..... 1 drachm,
Tinct. opii..... 40 drops,
Aquæ camph..... 8 ounces.

M. Dose, one or two tablespoonfuls in diarrhœa or dysentery every two to four hours.

Pills for Constipation.—*Lay.*

R Quiniæ sulphatis.....
Piperinæ..... aa, gr. xv,
Hydrarg. submuriat..... gr. xii,
Ext. nucis vomic..... gr. iv.
Ft pills no. xxx.

M. S. One pill morning and evening.—*N. O. Med. Jour.*

Treatment of Dysentery.—*Defize.*

R Decocti cinchonæ..... fl. ʒvi,
Potass. chloratis..... ʒss. *M.*
S. All to be taken in the course of twenty-four hours.—*Ibid.*

Blue Ointment for Ring-Worm.—*Claudat.*

R Adipis..... ʒvi,
Glycerinæ..... fl. ʒii,
Sodii carbonat..... ʒi,
Calcis pulv..... ʒss,
Carbonis (liq.) pulv..... ʒiss.

M. S. Before applying this salve remove scabs by using starch poultices. Treatment should be kept up two or three months, in cases of tenia tonsurans.—*Ibid.*

Treatment of Laryngeal Phthisis.—*Cadier.*

Pencil the ulcerated surfaces with the following mixture:

R Glycerinæ..... fl. ʒi—ʒii.
Alcohol..... fl. ʒv—ʒviii,
Creasoti..... m. xv.

M.—*N. O. Med. Jour.*

Oil of Turpentine in Mixtures.—Oil of turpentine is a medicament that few patients can take without disgust. Ordinary sulphuric ether, luckily, has the property of modifying its persistently unpleasant flavor. The following mixture has been found to be very beneficial in vesical catarrh, neuralgia, and sciatica:

Oil of turpentine.....	2 drachms,
Sulphuric ether.....	1 drachm.
Mix by shaking violently, and add	
Syrup of orange flowers.....	1 ounce,
Water.....	4 ounces.

A teaspoonful to be taken every two hours.—*Drug. Cir.*

Hardy's Ointment.—This ointment, used in France to prevent falling off of the hair, is given as follows by Bourchardat (*Ann. de Therap.*):

Beef fat.....	17 drachms.
Castor oil.....	6 "
Gallic acid.....	30 grains,
Vanilline.....	q. s.

—*Druggist's Circular.*

Pills for Dyspepsia.—

Diastase.....	10 grains,
Pepsine.....	50 "
Extract of gentian.....	50 "
Tartaric acid.....	50 "
Powdered rhubarb.....	50 "
Gentian, sufficient.	Divide into three-grain pills.

Dose, two to three pills during meals or shortly before.—*Drug. Circular.*

Arsenical Treatment of Chorea.—M. Siredey, we read in the *Revue de Therap. Med et Chirurg.*, has long had recourse to arsenic in the treatment of rheumatismal chorea, and has had good results from this medication. He uses the solution of Bondin:—

R Ac. arsenious.....	gr. xv
Aquæ destill.,.....	Oij.

M. This is allowed to boil for about a quarter of an hour, and is then ready for use. The extreme dilution of the solution is favorable for its use among children. For a child from six to ten years of age, about one drachm and a half may be given daily, in divided doses, in sweetened water. In this way the medicament is generally well tolerated.

Dr. Sottmann, of the Breslan Clinic, constantly prescribes the following solution in chorea:

R Liquor Fowlere,....	m iv
Aquæ,.....	3 ij.

M. This quantity to be taken in divided doses daily. He generally obtains a complete cure in from 16 to 21 days.

In some cases he adds from 8 to 15 grains of chloral to the prescription. He has generally found that anæmic children, and those of hereditary nervous disposition, bear this form of medication well.—*Med. & Sur. Reporter*.

New Treatment for Vaginitis.—M. Terrillon proposes a method of treatment which consists essentially in the introduction into the vagina of the following ointment :

R	Ac. tannic,.....	50 grams.
	Amyli,.....	150 grams.
	Ung. petrolei,.....	150 grams

M. This ointment is placed in a sort of speculum, so arranged that the ointment can be forced out as the instrument is withdrawn from the vagina. If the vulvar opening is large a small tampon of cotton may be introduced.

Generally from fifteen to twenty grams of the unguent is sufficient at one application, and it need not be repeated for seven or eight days.—*Med. Surg. Record*.

Boils.—Boracic acid applied to boils before or after incision, says an exchange, will promptly arrest their development.

Quinidia Combination for Intermittents.—Reed recommends the following formula in the treatment of intermittents :

R	Quinidiæ sulph.....	grs. xxx
	Oleo-resinæ capsici.....	grs. iij
	Morphiæ sulph.....	gr. j
	Syrupi.....	q. s

M. Ft. pill., No. x. Sig. One every three hours.

He says that if a cholagogue cathartic be given at the start, and a full opiate (preferably a hypodermic injection of morphia) an hour before the expected paroxysm, this combination has been uniformly successful in his hands, even in most obstinate cases of intermittents.

In cases of malarial cachexia he finds that many recover under the influence of sea air, without any medication. When the latter is necessary he has seen excellent results from small doses of nuxvomica combined with the sixteenth of a grain of podophyllin, or one-fourth of a grain of blue pill, and repeat every four or six hours.—*Med. and Surg. Rept.* Jan. 10, '80.

Hot Water for the Heart.—Dr. A. Paggi records the following observation: He states that in Paris he saw a case in which, under the inhalation of chloroform, the heart ceased to beat, and artificial respiration for ten minutes failed to restore circulation, when Dr. Labbe dipped a cloth in boiling water and applied it in the region of the heart, with the result of immediately restoring the action of that organ.—*N. Y. Med. Times*.

Quinia in the Treatment of Cholera Infantum.—Dr. Otis T. Manson, of Richmond, says he has not lost a case of this disease since employing quinine in conjunction with calomel. Quinine is given until full physiological effects are obtained.—*Cincinnati Obstet. Journal*.



EDITORIALS AND MISCELLANEOUS.

DON'T PUT IT OFF longer or forget to remit your back dues on subscription.

GO THOU AND DO LIKEWISE.—Dr. A. K. Davis writes: "It has just occurred to me that I have not paid for my Journal for last year, and now half the present year is gone. Accept the enclosed four dollars, and excuse me, for I have treated you badly." [Let all our friends who are in the same category, take counsel of Dr. D.'s good resolution and do as he did.—MANAGING EDITOR.]

SOUTHERN MEDICAL COLLEGE.—See the advertisement of this Institution in the present number of this journal.

JEFFERSON MEDICAL COLLEGE.—We invite attention to the advertisement of the above Medical College in this journal.

PEOPLE'S CYCLOPEDIA.—Don't fail to read the advertisement of this great book and notice the proposition of the editor in connection with it.

DR. JNO. THAD. JOHNSON, one of the editors of the Atlanta Medical Register, has resigned his connection with that journal, which is now wholly conducted by Dr. J. B. Baird, of this city.

THE PHARMACOPŒIA.—The Publication of the revised Pharmacopœia has been awarded to Wm. Wood & Co., of New York. There bid was ten per cent. royalty, and a guarantee of the sale of 11,000 copies the first year.

THE SOUTHERN DENTAL JOURNAL, edited by B. H. Catching, D. D. S., and published in Atlanta, Ga. This is a beautiful and ably edited Journal. All men of the Dental profession in the South should take this Journal. We note in it many articles of value and interest to the Medical Practitioner.

CORRECTION.—Dr. Arch Dixon, author of the interesting article on Malarial Coma, in our May number, asks us to make the following corrections in said article. On page 167, nine lines from the bottom, read *with* pulmonary etc., and in the line below this instead of valuable *remedies* read valuable *time*.

TRANSACTIONS OF THE MICHIGAN STATE MEDICAL SOCIETY FOR THE YEAR 1881.—We have been favored with the above by Recording Secretary Geo. E. Ranney, M. D. Late but welcome. The following are the officers of the society for the ensuing year :

President—Dr. J. H. Jerome, of Saginaw city.

Vice President—Wm. T. Breakey, of Ann Arbor.

Secretary—Geo E. Ranney, of Lansing.

The report is creditable and contains a number of valuable and interesting papers.

The meeting for 1882 was held in Ypsilanti on the second Monday in May last.

PLANK SIDE WALKS—THEIR EFFECT UPON HEALTH.

Dr. R. L. Hinton, writes:

MR. EDITOR.—Will you allow me space to ask for information in reference to plank side-walks, as regards their effect upon the health, when extensively used. Information from any of my professional brethren who have had sufficient observation to give anything like a positive and definite reply, will be thankfully received.

Respectfully, etc.

R. L. HINTON,
President Board of Health, Prescott, Ark.

[Will be pleased to have a response to the above inquiry, and if Dr. H. himself has any special view on the subject, we hope he will give them to the Profession through our Journal—Ed.]

SOUTHERN MEDICAL COLLEGE HOSPITAL.

The Trustees of the Southern Medical College, Atlanta, have secured the Central Hotel property, on Ivy street, for hospital purposes, to be under the medical supervision of the faculty of said institution. It is being now rapidly repaired and fitted up, and will go into speedy operation. The building is a large one, and the lot on which it stands connects with the college lot, and will be very convenient to the students of the Southern Medical College, to whom it will give special advantages in the acquirement of practical instruction in the line of their studies.

FOURTH ANNUAL REPORT OF THE BOARD OF HEALTH OF AUGUSTA, GA.

For a copy of this able and interesting report we are indebted to Dr. Eugene Foster, the able and indefatigable President of the Board. "The report includes the annual address of the President of the Board; the annual report of the Secretary; the mortuary tables for the year 1881; the expenses of the Board for the past year; the estimate of expenses for the year 1882; details of the principal acts of this Board for 1881, with detailed reports of the Sanitary Inspectors."

AMERICAN MEDICAL ASSOCIATION.

As we go to press we have not received the full proceedings of the American Medical Association, which assembled, the present year, at St. Paul, Minnesota. As was anticipated, the late action of the New York Medical Society in relaxing the code of ethics in the matter of consultations was denounced, and the old established code reaffirmed. The right of the New York delegates to seats in the Association was early introduced and referred to the Judicial Council, who reported adversely amid loud and repeated applause of the body.

Several State societies have taken similar action, condemning the action of the New York society, and nearly all the medical journals have likewise denounced the measure. The New York Medical Record being almost alone in its support of the new departure.

JOURNALISM IN THE SOUTH.

In former times the rule was failure in respect to all efforts of medical journalism in the Southern States, and even now the difficulties of the Southern journalist are far greater than in the Northern States. It may well be asked why is this the case? To this question we have to make the humiliating answer that a great many practitioners do not take the journals, and do not read or encourage the medical literature of their section. And the majority of those who do read take the Northern journals in preference to Southern journals, under the mistaken impression, perhaps, that they are better, or frequently because they are cheaper. The duty of sustaining the literature of their own section is disregarded, and the important fact that the diseases and the practice at home are different does not seem to be considered. While this is true of the Southern physicians, the reverse has not been the case with Northern physicians. Southern doctors take Northern journals, but Northern doctors do not take Southern journals.

We are glad to report some recent indications of improvement upon the points mentioned—a growing appreciation of the ability and practical features of the Southern journals and of their superior adaptation to the wants of the Southern practitioner. While an occasional new subscriber from the North shows that even they are beginning to discover that something good may come out of Nazareth. Let the friends of the RECORD stand by us. Let them write for us, sending short, interesting and practical articles; and let them use their influence in extending our circulation, that our journal may, in the future, as in the past, maintain a growing and constantly increasing interest and usefulness as an exponent and representative of medical literature in the South.

RECEIPIED.

1881.—Drs. D. S. Ellis, M. B. Willis, H. Thomas, R. L. Baker, E. N. Barton, H. H. Philpott, Robert L. Mason, T. H. Hallins, K. L. Minor, Jno. M. Strong.

1882.—Drs. P. J. Parker, J. L. Hamilton, W. Jones, H. E. Archer, J. H. Henry, D. S. Aswell, W. T. Foute, Z. D. Emerson, D. R. Fox, T. S. Lyon, P. Taylor, E. A. Speed, J. H. Gordon, B. B. Dee, R. B. McCants, D. Maxwell, W. Jones, Charles G. McManaway.

SPECIAL NOTICES.

THE art of sugar-coating pills so as not to impair their solubility, but to preserve the composition, keeping it soft and plastic, has acquired for Messrs. Warner & Co., a world-wide reputation. Physicians may rely upon the purity of the drugs used, and upon the mathematical nicety in which their pills, "granules," and "parvules" are divided. Every doctor may be his own druggist, and at the same time save himself the drudgery of it by using WARNER'S preparations. A bottle of Quinine Pills recently sent us by this firm satisfies us that this firm is fully maintaining its reputation.—*North Carolina Medical Journal, July, 1879.*

PARKE, DAVIS & CO.—The enterprise of this great house, located at Detroit, Michigan, is perhaps unprecedented. Their efforts in bringing new and foreign remedies before the Profession, despite the opposition which has been made, have been eminently successful, and their late enterprise, *The Working Bulletin*, in which they will give and put upon record the botany and description of drugs, with experiments and reports as to their properties and effects, must prove of essential and permanent interest and usefulness to the Profession and to Science, adding to the armamentarium of the practitioner and enlarging our pharmaceutical literature.

LOUISVILLE, KY.

I have used **CELERINA** in several cases of general nervous debility in female convicts at the City Work House, and can say from the results in these cases I consider it surpasses Bromides and Hydrate Chloral. I can cheerfully recommend it to the medical profession, and will continue its use at City Work House.

M. K. ALLEN, M. D.

Physician in charge City Work House.

NOW that the father of antiseptic surgery has placed carbolic acid under ban, and recommended eucalyptus as an efficient substitute for it, we would advise physicians to give **LISTERINE** a trial. Eucalyptus is one of its constituents; and the preparation, being a perfect solution, is presented in a form most convenient for general use.—*Louisville Medical News, June 25th, 1881.*

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the **ELLIOTT**. Doctors that do the same thing get the standard article. Send for circular to A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

C. H. F. ROUTH, M. D., Senior Physician to the Samaritan Hospital for Women and Children, etc., 52 Montague Square, London, 17th April, 1878, writes:—I have made careful and repeated trials of your Fluid beef, and am eminently satisfied with it. It affords sustenance, and is well borne by weak stomachs. It seems to me to fulfil a desideratum long sought for, and I feel much obliged to you for bringing it before my notice. I trust you will have depots in London soon, for a Beef Tea containing albumen and fibrine in such large quantities, and in such a readily assimilable mixture, will prove of the greatest value to the treatment of disease.

HYDROLEINE.—Dr. Truesdale, of Mt. Jackson, Pennsylvania, writes: I have used "Hydroleine" in a number of cases in my practice for the last three or four months, and where it has been thoroughly tested, am well pleased with its effects. I am satisfied it is much superior to Cod-Liver Oil—that its effect are more perceptible, and that it is devoid of that disagreeableness and unpleasant eructation which almost uniformly attends the use of Cod-Liver Oil. I am satisfied that it is an admirable remedy in the treatment of phthisis.—See Kidder & Laird's advertisement.

Quinine Hypodermically.—Quinia Bi-Muriatica Cardamidata; soluble in its own weight of boiling distilled water.

Dr. McCoy, house physician of Bellevue Hospital, in the Medical Record of August 7th, 1880, cited 38 cases in which he subcutaneously administered this remedy with the most satisfactory results, and without the sequence of a single abscess. He employed a fifty per cent. solution of Bi-Muriate Quinia with Urea; and in one case, which he cites, found that 40 grains of the salt, when given at one time, produced cinchonism in one hour, the temperature being decreased four degrees in five hours. McKesson & Robbins, of New York, well known as the introducers of gelatine-coated pills, manufacture the salts, and sell it in one, two and four grammes vials, and also the fifty per cent. solution which they put up in one-eighth ounce and one ounce vials.

T H E

Southern Medical Record:

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~~All~~ All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XII. ATLANTA, GA., JULY 20, 1882. No. 7.

ORIGINAL AND SELECTED ARTICLES.

ELECTRICITY IN ITS RELATIONS TO GENERAL PRACTICE.

BY THOMAS F. HOUSTON, M. D., CLARKESVILLE, GA.

INTRODUCTION.

There is no agent in the *Materia Medica* of greater importance, or that can be successfully applied to more varied diseases, than this; and there is not one of which the bulk of medical men show more ignorance. There are several reasons for this fact: Our colleges almost ignore the subject, and after entering the busy round of professional life, its importance not being understood, they neglect it for studies that they consider of more practical importance. Speaking of his specialty, Emmet says: "Success in the treatment of diseases of women lies wholly in attention to minute details." This also is the secret of successful electro-therapy. The choice, direction and strength of the current, the duration of the sitting, the size and location of the electrodes, etc., are all elements of success or failure. Yet, how is the busy practitioner to acquire this practical knowledge, without which it is labor thrown away—success being the veriest accident—and not only casts unmerited shame upon this valuable remedy, but degrades the physician to the level of the quack. Take up that most magnificent

treatise, Beard and Rockwell on Electricity, and it will take months of arduous study to acquire a practical knowledge of its therapeutical application.

The chief objection to the various epitomies, and I have five of the best on my table, is that they fail in being elementary enough. Electricity is so profound a science, and has so many technicalities, that it can almost be said to have a language of its own. The scientists who write these manuals are so familiar with their use and meaning that they forget to come down to the level of the uninitiated.

My papers upon this subject will not present treasures of original research and profound thought, nor are they intended for the perusal of electro-specialists, but as stepping-stones, as an alphabet, to the larger and more complete works. As I am limited in space, I cannot discuss conflicting theories and opinions, but must confine myself to those points that have a practical bearing upon general medicine. And if for the same reason—want of space—I should seem dogmatic and egotistical, this will serve as my explanation and apology. With this introduction, let us plunge *in medias res* and take up

ELECTRO-PHYSICS.

Electricity, like heat and light, is a variety of molecular motion. For the sake of illustration, we compare it to a fluid—hence we say the current flows. This motion may be *constant*—the galvanic current; or interrupted—the faradic; or a succession of sparks—the frictional. We will take them up in the order mentioned, reserving the discussion of frictional electricity to a separate chapter.

THE GALVANIC OR CONSTANT CURRENT.

The simplest means of producing the galvanic current is to plunge two dissimilar metals, connected by a wire—say copper and zinc—into a dilute acid, sulphuric for instance. This is called a *galvanic couplet*, or *element*, or *combination*, or *cell*. The impurities in commercial zinc prevent the formation of a current, hence it is necessary to amalgamate it, *i. e.*, rub it with quicksilver after washing it in dilute sulphuric acid. Two plates of the same metal will not produce a current, because the chemical action taking place at both poles of the battery, the current that commences to be generated by each is neutralized by that of the other. One of the plates in the *element* is the *generating plate* or *pole*; the other the *conducting plate* or *pole*. In the example given above the zinc is the *generating* plate; sulphate of zinc being found is dissolved in the acid, this chemical action evolves a current of electricity

which passes through the fluid to the copper (the conducting plate) and around the wire to the zinc; thus completing the circuit. For convenience of discussion we call the conducting plate and its wire the positive pole, and the generating plate and its wire the negative pole. Hence we say the current (meaning that portion external to the battery) flows *from the positive to the negative pole*. This fact is of great clinical importance, and I will discuss it fully when speaking of *electro-physiology*. The *volume of the current* is in proportion to the amount of chemical action, and this is determined by the amount of surface area in the generating plate. The *intensity of the current* has reference to its capability of overcoming resistance. All substances offer a certain amount of resistance to the passage of the electric current, and this is what is meant when we say a body is a good or bad conductor. It has been determined by actual experiment that the resistance offered to the passage of the current from one hand to the other is seven times greater than that of the trans-Atlantic cable (vide Beard & Rockwell, page 82) or four million times that of a copper wire. To illustrate the difference between volume and intensity: Take twenty elements like that described above, connect the positive pole of the first with the negative pole of the second, and so on completing the circuit by the union of the first and twentieth cells. As the current traverses the cells it is not increased in volume, but each cell adds its pro rata to the intensity of the passing current. So we get a current of small volume but great intensity, therefore capable of producing valuable therapeutic effects. This can be reversed: connect the similar pole of each cell to an electrode, and we get a current of great volume but of so low a tension that it is therapeutically worthless. The simplest form of battery is the one already described, having two metals and an acid solution. It is also the most portable, hence most useful to the general practitioner. For this reason we will confine our attention to the single fluid elements. The Grenet cell is the best of these. Zinc and carbon are the elements, and an acid solution of bichromate of potash the fluid. I will describe this fully in the future, and will leave the galvanic and briefly discuss

THE FARADIC CURRENT.

The battery which produces this current consists of a single galvanic element, generally a Grenet cell. It consists of a glass cup containing an acid solution of bichromate potash. Fastened to the lid are two plates of carbon that are always immersed in the fluid. Between them is a plate of amalgamated zinc attached to a

hinged rod of brass. When the battery is to be used the zinc is lowered into the fluid, chemical action commences and the current flows to the carbon and completes the circuit. The connecting wire is insulated, and is sufficiently long to form a helix—called *the induction coil*. In the center of the induction coil is another coil of soft wire wound around a bundle of insulated soft iron rods of the size and shape of knitting needles. The inner coil is called the *secondary coil*, and the bundle of insulated rods *the core*. At the instant the circuit is completed in the *induction coil* there is a *momentary* but *entirely independent current* generated in the *secondary coil* running in the *opposite* direction. At the instant that the primary current is interrupted, there is again a current generated in the secondary wire, this time running in *the same direction* as the primary. Let us now introduce into the primary current a rheotome, or current interrupted, and we get in the secondary wire a to and fro current that is far stronger than that of the single galvanic cell and is of great therapeutic value. All secondary currents possess the power of generating in a third coil a tertiary current flowing in an opposite direction and of lower tension and less volume. This can be repeated again and again, the direction of each current being reversed and decreased in strength until exhausted. When the connecting wire of a galvanic element is insulated and wound around a bar of soft iron while the current is passing, it is converted into a magnet, and it is possible to make them of very great power for the length of time that the current is passing—its power merely depending upon the volume and intensity of the electric current. This is called an *electro-magnet*. At the instant that the encircling current is closed and opened an electro-magnet possesses the power of generating, by induction, a *momentary* current of electricity in any coil of wire that is near enough to be affected by it.

The rheotome, or current interrupter, is generally some modification of Neef's hammer. This hammer terminates in a spring whose pressure holds it in place, thus completing the circuit. At the instant that the circuit is completed *the core* becomes a magnet and attracts the hammer, this breaks the circuit and stops the first induced current, and the second is generated. As the circuit is broken the core becomes demagnetized and the spring throws the hammer back to its place, again completing the circuit. Again the first faradic current is generated, the core becomes a magnet, acts on the hammer, etc. The first induced current is the weaker of the two from this fact. The core becoming a temporary magnet by the closure of the circuit, generates in the secondary coil a cur-

rent flowing in the same direction as the primary current, *i. e.*, opposite to the induced but occupying the same wire. The opposite direction of these two currents neutralize to a certain extent each other. Thus the first induced current is made weaker. On the other hand, the second induced current is strengthened, because upon the opening of the circuit the core again generates in the secondary coil a current flowing in the same direction as before and parallel to the second induced current. Thus we have in the secondary coil, upon the closure of the circuit, two currents generated flowing in opposite directions impeding each other; in the opening of the circuit two currents flowing in the same direction strengthening each other. At the same time that these currents are being generated by the core the turns of the primary coil act upon each other by induction, and other currents are produced, called by Faraday the "extra currents." These are collected in the faradic batteries now in use, and are what is meant when we speak of the "primaay current of Faradism."

With this exposition of electro-physics, I will leave the subject, simply adding this thought: Electro-physics is the foundation-stone of successful electro-therapy, and unless we lay our foundation broad and deep, and make the next row of stones equally as secure in *mastering* electro-physiology, our edifice will always be shaky, and (to drop the metaphor) we can hope for but little success.

THE THERAPEUTICS OF TEA AND COFFEE.

BY F. E. STEWART, M. D., PH. G., N. Y. CITY.

Tea and coffee are used as beverages throughout the civilized world, and their effects have been studied with no little interest. The fact of their universal use has been employed as an argument to prove that man has a special need of them. But this can hardly follow, for a perfect development can be reached without their aid. That they affect the system, there can be no manner of doubt, but whether this effect is beneficial or otherwise has formed a subject of much animated controversy.

To prove the value of a therapeutical agent it is necessary to first observe the results of experience in its use. Guided by that experience, experiments may now be advantageously undertaken to prove the scientific reasons for the results attained, and to prove or disprove the correctness of the observations which have been made empirically. The empirical and physiological researches with regard to the effects of tea and coffee have given them a comparatively certain and definite place as therapeutical agents. But more than empiricism and physiology was necessary to account for all of the actions attributed to them. Chemistry, however, has

solved other problems pertaining to the study of the properties of these agents, and some of the reasons why they act so differently at different times on the same person. What, then, does empiricism, physiology and chemistry teach us about the therapeutic value of tea and coffee?

The experience of those who use coffee and tea show us that they are stimulating in their action, and that coffee is more so than tea. Both are asserted by some to be nutritious, which may, or may not be attributed to the fact that they remove the sense of fatigue and hunger, and allay the mental unrest produced by exhaustion and anxiety.

If used to excess they derange the organs of digestion and cause acidity, eructations, flatulence, pyrosis, etc. Functional disturbances of the nervous system are also caused by their excessive employment, and headache, vertigo, tinnitus aurium, and confusion of mind are the results.

A cup of coffee after dinner facilitates digestion. Those who take a cup of coffee in the morning suffer with a headache if they neglect it. Coffee is a laxative, tea is an astringent. The use of either frequently produces wakefulness.

The above is what is taught empirically with regard to the effects of tea and coffee. But the reason why these effects are produced must be looked for beneath the surface of empiricism, and now science has before her the important question to decide. Chemistry and physiology are appealed to for the solutions. Will the chemical composition and physiological actions of tea and coffee account for the results of experience in their use?

Tea and coffee are stimulants. Chemistry tells us they both contain volatile oils to which their aroma is due; physiology teaches us the functions of the nervous system, and we know that volatile oils stimulate the nerves. Both tea and coffee are asserted to be nutritious. Physiology has revealed that the products of waste are eliminated from the system by the organs of excretion, and that much of this waste finds its way out through the urinary apparatus in the form of urea. Some agents are known to decrease the amount of urea eliminated. These agents are classed with the nutrients for that reason, though they do not necessarily take into the blood with their administration any considerable amount of nutritious material. It is said that tea and coffee decrease the amount of urea, and that, therefore, they belong to the nutrients. They allay mental unrest and remove the sense of fatigue. In doing so they but share with the other stimulants a property common to a greater or less extent to them all. Alcohol will do the same thing. Stimulants, as a rule, if taken in small doses, promote the appetite and increase the digestive power by stimulating the gastric follicles.

But if used to excess tea and coffee derange the organs of digestion and excite functional disturbance of the nervous system. This is also accounted for both chemically and physiologically. Both contain tannin. The mucus of the stomach plays the part of a ferment and acts on the starch taken as a constituent of the food, and it undergoes the acetic fermentation. This process is greatly

facilitated by the presence of a quantity of weak alkaline solution. The eructations are gases formed by the chemical decomposition. The headache, vertigo, confusion of mind, etc., are the effects produced by over-stimulation of the nervous system.

A cup of coffee after a meal facilitates digestion, and those who take it in the morning suffer with headache for their neglect if they omit their ordinary cup. The effects of stimulants on the digestive functions have already been referred to. The stimulant also hastens the intestinal movements, and assists the morning evacuation, which, if retained, causes headache from the reflex irritation on the brain, due to the presence of fecal matter in the rectum.

Coffee is a laxative, but tea is an astringent. How can this be accounted for? It has been observed that the effects of tea and coffee are thus far identical, but in this they differ. As usually prepared, tea is subjected to long boiling, which extracts a large amount of the tannin from the leaves. Coffee, on the contrary, is usually prepared by infusion, and is either not boiled at all, or is subjected to the action of water but a short time before used. The amount of the tannic acid present accounts for the difference of effect. There are other reasons, but this one is sufficient for the illustration.

The similar effects of these two beverages have also been answered by chemistry. Tea and coffee derive their activity not only from the volatile oil which they contain, but from a very important constituent known by the names of caffeine, or theine. The effect of this alkaloid on the economy when isolated, is very similar to that of tea and coffee. Relative to its physiological action, Bartholow reports as follows:

"Caffeine, in small medicinal doses, promotes appetite, increases the digestive power by stimulating the gastric glands, and relaxes the bowels slightly. On the heart it exerts at first a decided stimulant action, and raises the arterial tension; but these effects are succeeded by weakened cardiac movements and diminished blood-pressure, cardiac muscle, and its contained ganglia being both probably paralyzed by it. Respiration ceases before the heart stops in animals poisoned by caffeine."

"As regards the cerebral effects, it may be stated that, at first, drowsiness occurs; but this is soon followed by wakefulness, excitement, muscular trembling, confusion of mind, hallucination, and delirium. The cerebral effects terminate in deep sopor, but this is probably the result of exhaustion. Rise of temperature, convulsions, general paralysis, occur when toxic doses are administered to animals; but the temperature declines when paralysis supervenes."

The point of this article is to call attention to the importance of studying therapeutics as directed toward the drug. Every drug has activities peculiar to it, and therapeutics can never be a science until the reasons for those activities can be accounted for. This can only be accomplished by first studying the drug empirically, then physiologically, and chemically. Physiological therapeutics are dependent on the knowledge obtained from empiricism to guide its researches, and chemistry is essential in the determination of the active principles of drugs — *Therapeutic Gazette*.

THE TREATMENT OF CARBUNCLE.

BY S. BARUCH, M. D., N. Y. CITY,

Ex-President and Honorary Member S. C. Medical Association.

There are few diseases which have been subjected to more varied methods of treatment than carbuncle. The able essay by Dr. McF. Gaston on the latter subject, which appeared in the September number of your Journal, refers to a certain mode of management so nearly akin to that which I regard as the most successful, that I am led to write this brief, practical communication.

The crucial incision, with its various modifications, so glowingly advocated by Syme, Collis and others, has had its day and, together with depleting measures, has passed into desuetude. Regarded as a disorder due to or accompanied by conditions of debility, there is now little difference of opinion with reference to the admissibility, nay, the necessity, of general and local supporting measures.

In the course of an experience of twenty years, the following treatment of carbuncle has gradually developed into a successful mode of management.

Beginning with the classical crucial incision, I did not fail to recognize its great utility in the amelioration of pain. I have no doubt that I have transposed patients from the throbbing agony so characteristic of carbuncle to a condition of great comfort, by freely laying open the tense and brawny tissues. But the relief was temporary, the disease was not checked, the loss of blood from the turgid vessels occasionally prostrated the patient, and altogether the result offered an analogy to the depleting treatment formerly adopted in pneumonia.

In fact, the analogy between the management of the latter disease and the management of carbuncle struck me, as time passed on. Just as Bennet inveighed against bloodletting in pneumonia, and with Dietl introduced the expectant plan, so did Paget eloquently plead for an expectant treatment of carbuncle.

But the latter progressed step by step, until now it presents the same modified form, bearing the impress of careful study and attention to detail which has made the former a more manageable disease.

In August, 1863, Dr. Prichard published in the British Medical Journal an article in which he suggested the value of collodion combined with iodine and iod. potass., as a support, with absorbent action in carbuncle. Pressure by strips of adhesive plaster has been advocated by some, but in my experience the collodion which I have long used without iodine is superior, inasmuch as it adapts itself to the uneven surface of the tumor, and by gradual compression supports the parietic coats of the vessels, aids in expelling the liquid detritus, and affords comfort to the patient which is remarkable. I have often noticed after the crucial incision, liquid and semi-solid matter oozing from the exposed surface, so soon as the

collodion began to contract. The hemorrhage, too, was moderated, and the relief from tension, inaugurated by the incision, became more lasting.

For the next improvement in the treatment of carbuncle we are also indebted to an Englishman. In Braithwaite's *Retrospect of* July, 1871, Dr. Murray recommended the use of potassa fusa in lieu of the incision. This caustic had been formerly recommended for the purpose of avoiding the pain of the incision and facilitating the sloughing. But Dr. Murray presented it for a different purpose, viz: to abort the carbuncle, and I can testify to the success of the "crucial scoring" of the unbroken surface of a beginning carbuncle. When a patient presents himself in the incipient stage, ere vesicles are fully formed, I apply the solid potassa fusa in two crucial lines, gently rubbed into the tense integument as far as the dusky discoloration extends. Even when the vesicles are formed, but before sloughing has commenced, this crucial scoring will be useful; but the pain resulting from it in these cases has deterred me from frequently resorting to it. Collodion is next brushed in three or four successive coats upon the diseased surface, excluding the crucial lines. A light flaxseed poultice, warm and soft, is applied over the whole, and in many instances the relief is marvellous. Pain ceases at once. In a few days, the central portion of the tumor sinks, a thin tegumentary slough separates and the carbuncle seems to melt away.

In more advanced cases a different course is pursued. The recommendations of Dr. Eade, of London, (who regards carbuncle as a parasitic disease) to introduce carbolic acid within the tumor, has proven a boon to me in these trying cases. The pure carbolic acid liquefied and held in liquid form by a few drops of glycerine, is frequently carried by means of a camel's hair brush into every open point, after the slough channel has been cleansed by a pointed tent of linen. This application must be made thoroughly, but very gently. If properly done the pain will not be severe, and its daily repetition, which is necessary, will not be dreaded by the patient. After this application, collodion is freely brushed in three or more successful coats, over the entire diseased surface, extending a few lines beyond the outline even. A doubled piece of linen, having a central opening to admit the sloughing portion of the carbuncle, is now laid upon the collodion-covered surface. A light flax-seed poultice is placed over the former, and renewed several times a day. Tincture of iron and quinine, milk, any other nutriment the patient can be induced to take, are freely administered, anodynes are prescribed whenever necessary, with a view to allay pain and prevent loss of sleep. The latter are rarely needed after the first day. If the case progresses favorably, the collodion dressing is continued daily, but the carbolic acid may be omitted every other day. Patient is urged to go out into the open air, or to be carried out when unable to move without pain.

Under this management carbuncle may be carried to its termination, with a minimum of pain to the patient and a maximum of satisfaction to the surgeon.—*Ame. Med. Bi-Weekly.*

TREATMENT OF CONSUMPTION INDICATED BY
THE DISCOVERIES OF KOCH AND OTHERS OF ITS PARASITIC ORIGIN.

BY M. L. JAMES, M. D.,

Professor of Materia Medica and Therapeutics in the Medical College of Virginia
Richmond, Va.

The ranking of consumption among the zymotic diseases, which seems at least now to be proper, the next question is the remedy for it. Perhaps in time this may be secured, in the form of prophylaxis, by inoculating with germs of the disease of mitigated virulence, as in the case of vaccination in small-pox, and Pasteur's method for splenic fever. Pending its discussion, no other subject of more pressing importance in medicine or the political or social economy of our race can engage the attention of the profession than measures at once to lessen the destructive force of this, the deadliest disease of all that "flesh is heir to."

For many years the natural history of tuberculosis, and the therapeutic results which I have observed from the use of remedies of germicidal power, has excited in my mind suspicions of its zymotic nature. These suspicions have gradually grown upon me into strong and positive convictions, though I have not had the opportunity of detecting parasitic growth by microscopic observation. Four years ago, in a paper entitled "Consumption: the Question of its Curability and Treatment," which I had the honor to read before the Medical Society of Virginia, and which was published in its *Transactions*, I called attention to the prominence of the febrile phenomena of phthisis and to the salutary results of remedies addressed especially to that feature of the disease, citing several cases of distinctly defined phthisis which, chiefly under the use of such remedies, had secured periods of exemption from the disease ranging from one to nine years, and seemed in all respects to be cured.

Subsequent observations have so strengthened my convictions, that for the last three years my treatment of consumption has been almost exclusively confined to agents belonging to the anti-zymotic class, and in view of the curative results I had secured, I had felt authorized to declare, as I did, to our classes in the Medical College of Virginia, my belief that consumption was essentially a zymotic disease, and that its proper therapeutics is founded in such recognition.

Within the past thirteen years I have kept the record of twenty-three cases of phthisis of well marked diagnosis occurring in my private practice, which have been relieved of all constitutional symptoms and physical signs for periods ranging from eighteen months to now thirteen years, most of the subjects exhibiting as high a present degree of physical health and strength as average persons in the community. All the patients whose cases ended thus favorably fell under my charge in the first stage of the disease, and most of them with the earliest positive expressions, except two. In these two cases a cavity of the size of a walnut had

occurred to one, and two smaller ones had occurred to the other.

Besides the twenty-three cases, one other seemed to be well for a period of nine years, who had a subsequent attack and died. It would seem to me, however, as illogical to conclude that this case was not cured, with all traces of the disease absent for so long a time, as to conclude that a person cured of malarial fever, who had at such an interval had a subsequent attack of malarial fever, was not cured in the first instance.

It is, perhaps, proper for me to say that I have kept the record of sixty-two other cases, treated at various stages of the disease, fifty-one of which have died, and the issue of eleven others is yet undecided, they still being under treatment.

My earlier successful cases were treated chiefly by quinine, carbolic acid in form of inhalation, glycerine and alcohol; by rest, pure air, timely exercise, and suitable food, all of which measures are, under varying circumstances, to a greater or less extent, anti-zymotic.

In addition to these remedies, in different conditions, I now also use salicylic acid, salacin, sulphur and its compounds, especially the hyposulphites, arsenic, and paintings with iodine, some of which is absorbed, and besides its counter irritant effect, exerts antiseptic power. I regulate, as far as practical, with mathematical precision, the external temperature—never allowing it to be high enough to promote fever or debility, or low enough to produce congestions or colds. Further experience will enable us to determine which of the anti-zymotic remedies is most efficient, just as we now know that quinine is *the* specific for malarial fever, and sulphur for itch; or if the researches in pathology shall establish different forms of tuberculosis, then which remedy is best adapted to individual pathological types.

If asked to explain how these remedies act, I will answer distinctly, what has been implied already, probably by destroying the organic parasite which produces the disease, just as we know that sulphur does in a case of scabies, and its compounds do in scald-head and fermentative indigestion, and quinine probably does in malarial fevers.

Pressing engagements prevent my giving at this time the details of the treatment I employ. I will say this, however, that ordinarily, as I have before intimated, I build my hopes of success on *early treatment*. It has, at least, not as yet been my good fortune to successfully grapple with the difficulty of this dangerous zymotic poisoning, complicated with structural disorganization of vital organs. And for the reason that I believe that this cannot be done, and the earlier treatment is commenced, the greater the chances of success, I know of no more important subject in practical medicine than the early diagnosis of tuberculosis. Happily, with the present resources of our art, this may, in almost all instances, be made demonstrative. But to compass it will, in many instances, require a ready familiarity with the significance of the whole range of constitutional symptoms and physical signs. The accurate recognition of fever, its degree and variations, is espe-

cially important. This can of course only be done by the use of the thermometer. In taking charge of a case of tuberculosis, I always see that the patient or his attendants are provided with a tested thermometer, instructed in the proper use of it, and required to keep a record of the temperature at all periods of the twenty-four hours, impressing the importance of care by telling them that the success of the management of the case will depend upon the ability to control the fever. My experience justifies me in saying that in a considerable proportion of cases this may be done, and the morbid agency, whatever it may be finally settled upon as consisting in, may be destroyed.

The *Materia Medica*, in its more limited range in the drug-stores, and its wider range in the universe of matter and mind, must be boldly but practically handled, and the patient watched with ceaseless vigilance. I attend my cases of tuberculosis, at least the more acute forms of it, almost as closely as I do my cases of typhoid fever, ready to combat at once all hurtful changes.

To patients favorably situated, in the earliest stages, where the digestive organs will tolerate for a considerable length of time maximum doses of the anti-zymotic agents mentioned, I believe that a larger number of favorable final issues may be expected than I have yet been able to report. My proportion of cures in recent years much exceed those formerly, as I understand better the plan of treatment, and employ it with more courage and decision.

Unhappily for the doctor, he is usually not called in the earliest stages of tuberculosis, or if so, the digestive organs of the patient will not tolerate the remedies in sufficient quantities and for a sufficient length of time to enable him to destroy the morbid cause. In such cases he must exercise a practical ingenuity by introducing them in other than the usual channels. Inhalations now, then enemata, then hypodermic injections, epidermic methods, or otherwise.

It is proper for me to remark, that while my chief reliance is placed upon remedies of the anti-zymotic class, in the changing conditions which are liable to occur in this disease I do not ignore entirely the remedies that have been more usually employed. And I wish here to reiterate my abiding confidence in the value of a succession of blisters.

And I will take occasion to say that ordinarily it is best that the friends of the patient and the patient himself should be frankly informed as to the nature of his malady. A wise discretion should of course be employed here as to the subjects, the time, and the manner of making this announcement, but I do not remember ever seeing any but ultimate good results come from such a communication properly made. It will produce some shock and momentary depression with the patient, but that will be all. For a patient to be permanently despondent, is almost pathognomonic of the absence of phthisis. While if properly informed with such assurances as we may reasonably and truly give him, his courage, his hopes and his exertions will usually exceed even those of his

doctor. Hopefulness with a consumptive amounts to a monomania, but it is a monomania which his physician may utilize.

If time allowed I should be glad to refer to other facts and considerations in connection with this important subject.—*Virginia Med. Monthly*.

THE SUCCESSFUL REDUCTION OF A BACKWARD- DISLOCATION OF THE RADIUS AND ULNA SEVEN MONTHS AFTER THE INJURY.

BY GEORGE E. BREWER, M. D., OF BUFFALO, N. Y.

A backward dislocation of the elbow of seven months' standing, reduced by Dr. Julius F. Miner, of Buffalo, recently came under my observation.

The extreme rarity of such cases, and the readiness with which reduction was accomplished, led me to a careful study of the subject as presented by surgical authors.

I was very much surprised to see how little was said in our books, or published in our journals; the whole subject being dismissed with the almost unanimous conclusion that such reductions were impracticable if not impossible.

I was also much surprised to find how uniformly unsuccessful had been the efforts of even the most experienced surgeons in attempting to better this condition, some authors even going so far as to assert that it should not be attempted after the sixth week.

Hamilton, in his valuable work on fractures and dislocations, cites but two instances of its successful reduction after seven months, one in his own practice and one reported by Starch.

With Dr. Miner's permission I report the following case, trusting that it may prove instructive to those interested in the subject of old dislocations.

Edward McCarty, aged twenty-one, of Crawford county, Pennsylvania, in August last, received a fall which resulted in a backward dislocation of the radius and ulna. The injury was such as to baffle all attempts at reduction made by neighboring physicians. March 15th, about seven months after the injury, he consulted Dr. Miner, who found, upon examination, that the dislocation was complete, both bones of the forearm being distinctly felt resting on the humerus about three inches above their normal position, the coracoid process of the ulna firmly imbedded in the olecranon fossa, and the arm immovably extended.

The patient was at once given a private room in the Buffalo General Hospital, when, on the following day, Dr. Miner, in the presence of, and assisted by, many of his professional friends, renewed the attempt at reduction.

The patient was thoroughly etherized. Forcible extension was then made upon the arm. This was followed by an unsuccessful attempt at flexion, clearly showing further extension necessary

before flexion could be accomplished. The tendon of the triceps was now divided about an inch above its attachment to the olecranon. Very powerful extension was then made (the combined efforts of four men), this, with forcible flexion, pronation, and supination was continued for nearly three-quarters of an hour. Then measurement, the ease with which the arm could be flexed and absence of deformity, all indicated that the dislocation had been successfully reduced.

The arm was dressed at right angles, without a splint, and the patient placed in bed.

March 17th.—Considerable swelling of the parts. Passive motion attended with pain. Pulse, 110; temperature 99°.

March 19th.—Patient sitting up. Passive motion. Pulse, 90; temperature, 98°.

March 22d.—One week after the operation. Motion without pain, but limited, owing to the œdematous condition of surrounding tissues. Patient left the hospital and went to his home in Pennsylvania, with every indication that complete recovery and good motion would eventually be obtained.

In these old dislocations of the forearm, especially where the displacement is considerable, the contracted triceps offers the chief muscular resistance to replacement.

Dixie Crosby, of New Hampshire, successfully replaced two old luxations of this kind by fracturing the olecranon. This method has also been successfully practiced by Hamilton and others. Subcutaneous section of the tendon of the triceps seems to possess all the merits, while it lacks some of the disadvantages attending the fracture of the olecranon.

Since the above was written, Dr. Miner informs me that in October, 1869, assisted by his friend and colleague, the late Professor Sanford Eastman, M. D., he reduced a similar dislocation in the same manner. Dr. Harrington, who also assisted Dr. Miner at that time, says that the dislocation was of nearly a year's standing. As no record was made of the case at the time, he is unable to state positively just how much time had elapsed since the injury.

Dr. Miner suggests that the reason more cases of the kind have not been reported, is not that such dislocations have not been reduced, but, as in his first case, no records were preserved.—*N. Y. Med. Record.*

WASHING OF THE STOMACH.

Translated for the Chicago Medical Journal and Examiner

BY AUSTIN C. RAMSBY, CHICAGO.

Washing of the Stomach.—With the perfection and simplicity of the instrumental outfit, the washing of the stomach is going to take an important part in the practice of medicine. It constitutes a precious resource against affections of the stomach, and all the physicians who have tried it unanimously report happy results.

The instruments for that operation are all well known. The pump of Kussmaul, the Dujardin-Beaumetz instrument, the Siphon-tube of Fancher, have all been presented to the readers of the *Revue Medicale*. Dr. Fancher's instrument seems to be the best, for two reasons: 1st. The facility of its introduction, which even the patient can do himself after a few operations. 2d. Because most everywhere it can be improvised—for a piece of rubber tubing of 1.50 long and 10 to 12 millimeters in diameter can almost always be had, and every household has a common funnel which can be used. Before speaking of the therapeutical indications for the washing of the stomach, we will describe the operation:

The patient should be sitting, the head looking directly forward at almost a right angle with the vertebral column. Some physicians prefer reversing the head backward, in order to introduce the sound vertically.

For pusillanimous patients the dorsal decubitus might offer certain advantages. In the first operation, to establish the habit and overcome the spasms of the pharynx, the use of the rigid sound is preferable; the common œsophagial sound answers the purpose well. But when, after repeating the operation a few times the patient knows how to introduce the rigid sound without pushing it, but by the simple action of deglutition, then the common red rubber tube must be substituted for the sound. The tube must be well oiled. The tube for females ought to be of smaller caliber than for males. A mark on the tube at 45 or 50 centimeters from its free extremity will indicate, when touching the lips, that the stomach has been reached. But this generally is known by a spasm of the cardia, which react to a slight pressure and causes an effort to vomit. Sometimes, but rarely, there is a sudden escape of gases, and of the contents of the stomach; this must be borne in mind in order to protect the patient's clothing. To fill the tube the funnel must be raised one meter above the level of the stomach, and filled with liquid to the amount of from one to two liters; then, by bringing it below the epigastric region, the fluid injected can be seen filling the funnel and holding in suspension the matter contained in the stomach. Dr. Constantin Paul advises the use of cold alkaline water, terminating the operation with warm water. The antiseptics, etc., are highly spoken of.

The operation terminates with the introduction of from 2 to 300 grams of milk in the stomach, and, to prevent the pyloric dilatation, the abdomen must be compressed with a large bandage, or, when possible, have the patient walk for a few minutes.

Such are the details of the operation according to Dr. Paul. We will see now what benefits we can derive from its use.

The washing of the stomach will instantly suppress the pains in cases of neuralgia and chronic gastritis; it will calm the consecutive oppression in cases of dilatation of the stomach.

It stimulates the appetite, and brings a rapid augmentation in weight. Drs. See, Buocquoy, Ferrand and Paul, have had surprising results from it in cases of gastritis, hysterical vomiting, dyspepsia, ulcers and cancers of the stomach; in this last, it is true,

the relief is only temporary. Dr Paul has even utilized it in a case of strangulated hernia, to save the patient the disagreeableness of fœcal vomiting.

Its use in cases of recent poisoning need not be commented on.—*Revue Medical.—Chicago Med. Jour.*

ILLNESS CAUSED BY FILTH IN MILK.

Dr. C. A. Cameron, Chief Medical Officer of Health, for Dublin, reports, in the Dublin Journal of Medical Science, the following interesting facts concerning a hitherto scarcely noted cause of milk impurity: A specimen of milk was submitted to him for examination, which was believed to contain a toxic substance of some kind, for the following reasons: Three children who were in the habit of drinking largely uncooked milk, were taken sick. They presented furred tongues, and gastric symptoms, such as are usually present in the earlier stages of enteric fever. Temperature 104.5° F. The house was new, in a healthy location, and no bad odors had been noticed. The sanitary arrangements were in good order. The children had been healthy two days before. A general examination of the milk in stock was made; It presented a peculiar appearance, the cream which had risen to the surface having a deep brown color. A short time before the children's illness a similar brown stratum had been observed on the milk. Generally the milk presented no peculiar features. The composition was found to be:

Water.....	87.10 per cent.
Fats.....	3.56 per cent.
Other solids.....	8.34 per cent.
Total.....	100.00.

It was, therefore, milk of good quality; but a microscopical examination of the cream taken from this milk revealed the presence of cow's hairs, minute particles of straw, and *debris* of organic matter in great abundance. There were numerous nomads, vibrios and bacteroid bodies. The odor of the cream was slightly but distinctly unpleasant. A subsequent visit to the dairyman was made. He at first loudly protested that he sold only *pure* milk. The cows were examined and found healthy; no cause whatever could be discovered for the impurities. Finally, on pressing the milk vender for an explanation, he stated that the cows were milked early in the morning, by his nephew, who had no light with him, and omitted to wash the teats of the cows before allowing their milk to flow into the milk pails. As some of the cows had lain down all night in such a way that their udders were in contact with the manure in or close to the channel courses, their teats were covered with filth. (A word to the wise is sufficient; this report demonstrates how easily good, pure milk can be rendered poisonous, and the remedy suggests itself at once to every intelligent man.—ED.)—*Med. and Surg. Rep.*

CORRESPONDENCE.

A LETTER FROM OUR CORRESPONDENT AT THE AMERICAN MEDICAL ASSOCIATION.

Editors Southern Medical Record:

Being appointed by our State Society a delegate to the American Medical Association at its meeting at Saint Paul, I arrived there on Tuesday morning in time to register before the 11 o'clock a. m. session.

Owing to the absence of the President, Dr. Woodward, who is in Europe on account of health, the Annual Address was delivered by Dr. Hooper, of Arkansas, First Vice-President. As far as I heard an opinion expressed, it was universally admitted to be, not only pertinent to the occasion, but masterly in elocution and beautiful in diction; and I think, with all the learning and research of our worthy President, the occasion could not have been made more interesting or entertaining had he been present.

Doctor Hooper, our excellent *pro tem*, is a gentleman of fine presence, portly and dignified, and seemed to be at perfect ease under all the dignities of his office. He presided with a great deal of courtesy, and seemed to be just in all of his decisions. He might, with propriety, be classed as a model Southern gentleman.

There was an unusually large attendance at Saint Paul—only falling short a very few of one thousand delegates—I think 980 being registered the third day.

This large number being present in that comparatively sparsely settled country, perhaps, may be accounted for to some extent, because the Northern railroads offered such great inducements for the members to travel in the great Northwest. Then, again, possibly, many had never been to Saint Paul, and availed themselves of that pleasure, as well as to attend the meeting of the Association.

I can assure you, in speaking for myself, that a visit to the Northwest affords no little pleasure at this season of the year, to say nothing of being present at our meeting.

The morning sessions were well attended, the hall being generally crowded; many ladies availing themselves of the opportunity of seeing a big meeting of doctors.

The credentials of the delegation of the New York State Society were referred to the Judicial Council, which reported that the

New Code of Ethics adopted by said Society at its last meeting was so diametrically in opposition to that of the Association that said delegation could not be received. This decision of the Judicial Council was received by the Association with great applause. It would not be surprising if the physicians of New York, at the next annual meeting of their Society, rallied in sufficient numbers to reconsider the work of its last meeting, and as far as the amendment or change of the Code of Ethics is concerned, abrogate it entirely. The adoption of that change was only effected by a very small majority of a very small portion of membership. I think there were only about 76 members present, and the amendment to the Code, allowing consultation with Homeopaths, was carried by some 39 or 40 votes. It will be observed that this was a very meagre majority of a very small number present of so numerous a body as the Medical Society of the State of New York. It is charged that Dr. St. John Roosa, of New York city, introduced the amendment in the interest of the specialists of the city. This I can hardly believe of Dr. Roosa, as I regard him as being entirely above any such selfish motives. As far as my limited acquaintance with him extends, I regard him both as a gentleman and honorable man; and have no doubt he was sincere and honest in his resolutions respecting the Code of Ethics.

But if we are honest, the question might be asked how can we consult with our Homeopathic friends? I am somewhat at a loss in being able to formulate an answer to this question. In fact, if both sides are honest, I cannot see how it is possible for us to consult. What is there to consult about?

If the patient is sick enough for either side to want counsel, he needs medical treatment, and as our opponents don't profess to give anything but Hahnemann's decillionth doses, an understanding between us could not be arrived at.

Therefore, unless we could convince them of the necessity of medication, there would be no understanding or agreement—consequently, as before remarked, nothing to consult about. Were we to succeed in convincing them that our plan was essential, then their theory would be destroyed and their occupation gone. But, remarks some one, there is a split among them, some still adhering strictly to the Hahnemannic theory, while others are practicing pretty much as we do. The first are termed the high school, or you might say Bourbons. They are the straight-laced, high-toned, aristocratic Homeopaths. The others claim to be more liberal, and where purely homeopathic remedies are not indicated, or fail to do good, they assume the privilege of using what they

term Allopathic Medicines. Although, as a rule, we should be in favor of advancement in any department of science, yet we should contend for honesty at the same time. Therefore the Bourbons of homeopathy, I think, are more entitled to our respect for practicing the principles they profess, than those who claim to be followers of Hahnemann but practice to the contrary. It strikes us very plainly that if a man sets himself up as a Homeopath and practices as a regular, he is practicing a fraud on the credulity of the people.

Doctor Dennison, of Colorado, introduced a resolution to the effect that as the regular profession are called Allopaths by the Homeopaths, and the laity, in many instances, entertaining the same view, of course ignorantly, the Association should take some steps to declare our proper status, so that all would know that we belong to no particular school, or practice no special dogma, but obtain our remedies from all sources and kingdoms—vegetable, mineral and animal alike, and reject nothing by which good can be derived in the treatment of disease. This resolution was referred to the Judicial Council, which reported that it did not come under its jurisdiction.

When it came up for discussion it was tabled by a small majority, on the ground that our profession was so well established in principles that it needed no resolutions explanatory, and that such resolutions would only tend to magnify the matter in the estimation of our opponents. A resolution of this kind was afterwards adopted in a modified form.

Take the meeting as a whole, I think it will compare favorably in the way of scientific work with a majority of our previous assemblies.

The reports from the various sections were quite able, and evinced a great deal of research.

In the sections, many papers of great interest were read and discussed.

I had the pleasure of meeting a few of the *big* men of your State, prominently among whom were Drs. Campbell and Batty. They both took quite an active part in the discussion of gynecological matters in the section on obstetrics, and Dr. Batty gave us a very able impromptu report of his observations in Europe last year. He was a delegate to the International Congress at London. This report pertained mostly to the progress making in his special department. He was not only interesting but quite amusing.

I had hoped to meet your eminent citizen, Dr. T. S. Powell,

whom I had the pleasure of becoming acquainted with at Richmond last year.

The Association never enjoyed a more pleasant meeting than at Saint Paul. Our brethren of that city and State of Minnesota vied with each other how hospitably they could treat us. We were entertained on a scale both magnificent and munificent. Although we surprised them with numbers, the committee of arrangements proved themselves equal to the emergency, and made us all comfortable and happy.

It would be impossible to speak in too high terms of the courtesy of Dr. Stone, chairman of the committee, and the onerous and almost incessant work he performed for our accommodation and welfare. He is an energetic, whole-souled gentleman.

After adjournment on Friday afternoon, many of the members left on a Northwestern tour, all having passes on the various Northwestern railroads. Your humble servant visited Lake Superior, passed west through Minnesota, Dakota and into Montana on the Yellow Stone as high as Miles City, being 500 miles west of Fargo on Red River. Thence on our return we visited the city of Winnepeg, in Manitoba, 63 miles north of the British line. This city is in the 50th degree of north latitude. The weather, during all this trip, was fine, and I did not use my overcoat on account of cold. We passed through a great deal of fine agricultural and grazing country.

On inquiry of the Doctors, at most of the towns I visited, I learned the more prevalent diseases were rheumatism, neuralgia, typhoid fever, and in the spring some lung troubles. This was the case in Fargo, Bismarck, Miles City, Mondak and Winnepeg. I attribute the prevalence of typhoid fever in those towns mainly to the want of proper drainage.

Everything in that vast country is on such a boom that the people have but little time to devote to sanitary matters. The country is full of people waiting for houses, and so they get a house to shelter in, whether it is built over a mud-hole or not, they seem to be satisfied.

They have very severe winters up there, but the atmosphere is so very dry, they say the cold is not very disagreeable. The mercury frequently gets as low as 40° below zero.

Ord, Kentucky, June, 1882.

T. B. GREENLY, M. D.

A QUACK DOCTOR, on his death-bed, willed his property to a lunatic asylum, giving as a reason for so doing that he wished his fortune to go to the liberal class who had patronized him.

ABSTRACTS AND GLEANINGS.

Pathology and Microscopy.—In a report on Pathology and Microscopy, read before the North Carolina Medical Society, by H. W. Lilly, M. D., of Fayetteville, N. C., it is remarked :

We are indebted to the London Lancet for the following general resume of recent investigations in Pathology :

The researches of the year which have most attracted attention are those of Pasteur, in France, which have reference to bacterial pathology. He has made extended investigations and experiments in this direction, and together with the contributions of Touissaint, Klebs, Arloing and Thomas, he now includes quite a large number of diseases in that class which is thought to depend upon the existence of special organisms and to which the practice of prophylactic inoculation is applicable. Typhoid fever has for some years been thought to be related in some way to a special organism, and the researches of Pasteur and Klebs have tended to confirm this to a great extent. A great many of the pathological changes which mark this disease are thought by them to bear to this organism a very intimate relation; and the idea is well borne out by the experiments of Branleht, which were made during an epidemic of typhoid fever, and which resulted in the discovery of an organism in the drinking water very similar in its nature to that noticed by Pasteur and Klebs.

Diphtheria has been produced by Talamon by means of inoculation, the inoculating matter being obtained from the throat, lungs and kidneys of a diphtheritic patient. This shows the existence of a special organism.

Investigations have been made by Cornil and Neisser which show conclusively that leprosy depends upon the presence of a special bacterial organism; and by a close study of the manner and growth of these organisms, the peculiar development of the bacteriæ is thought to account for the strange lesions by which the disease manifests itself.

In syphilis, there has been discovered by Aufrecht a specific micrococcus which is thought to be the pathogenic agent. This view, however, has not been supported. It seems, therefore, that bacterial organisms are not confined exclusively to acute diseases; and their recent detection as morbid agents in the production of a few chronic disorders has given birth to the hope that a great many chronic diseases, enveloped now in mystery, may be traced to a similar origin, and be amenable, therefore, to a more rational and decided plan of treatment.

So great has been the interest and enthusiasm manifested by investigators in bacterial pathology during the past year, that it has tended to divert their attention from other important subjects.

But in the *Annus Medicus* we find a condensed account of the labors of pathologists in other directions. It is little more, however, than a mere index to their work.

Among chronic diseases, tuberculosis has been afresh studied in

its aspect as an infectious disease by Rindfleisch and Creighton, but with no very important additions to the literature of the subject. Some interesting and rare forms of local tuberculosis of the mouth and throat have been described by Russner and Echhoff, and of the urinary organs by Finne, while the histology of tubercular disease of the testes has been carefully studied by Waldstein. The relation of tuberculosis and scrofula has been the subject of animated discussion in Paris, but, while it directed attention to the subject and stimulated further study of the two kindred diseases, it was productive of no new developments. The study of structural blood-diseases has been mainly confined to their connection with blood formation in bone-marrow.

Lyon has examined the changes in the blood in traumatic anæmia, and the result has established the fact that it constitutes a distinct variety of anæmia, but its exact nature was not satisfactorily determined. Compared with the progress of previous years, very little of importance has been discovered in regard to the localization of nerve centres in the brain. What new facts have been noticed have increased rather than lessened the difficulties which before existed in the correct interpretation of experimental facts.

In diseases of the spinal cord, it has been established by Dreschfield that locomotor ataxia may be due to sclerosis(primary) of the lateral, as well as of the posterior columns. It has heretofore been the accepted idea that the posterior columns alone were involved in this affection. When the lateral columns are the primary seat of disease, the ataxis is accordingly modified in its manifestations.

The discussion regarding the relation existing between syphilis and locomotor ataxia has been continued during the present year by Erb, Gowers and others; and it has been conceded that a syphilitic individual is especially predisposed to ataxic disease.

Brown-Sequard has continued his investigations in regard to the production of paralysis and contractures through the agency of the peripheral nerves, and has clearly demonstrated that mechanical irritation of the medulla oblongata may give rise to pulmonary emphysema through the agency of the pneumogastric nerves.

Hereditary Alcoholic Appetite.—A gentleman farmer, living in the northern part of England, was much given to strong drink. He was fond of good living and good company. After his marriage he became more intemperate than before, and at last died a confirmed sot, from paralysis and kidney disease. He left six children, three sons and three daughters, who all in time became drunkards; but the eldest son, born when the habits of his father were not so intemperate, was less addicted to it than the others. The second son, while studying law, fell into every kind of debauchery, finally came to America, and died a sot in a hospital in New York. The third son was brought up for the ministry, and gave much promise of ability and moral worth, but he also fell into dissipated ways; and often went drunk into the pul-

pit. Expelled from his ministerial office, he lived a short life of poverty and drunkenness, and died in a workhouse. The eldest daughter tapped a barrel of rum in her husband's absence, and was found by him dead under it. The second daughter died in a fit of delirium tremens. The third daughter was not so violent a drunkard as her sisters, but nevertheless got drunk whenever she had an opportunity.

The eldest son succeeded to his father's property, and, while he drank more moderately than his brothers, was still spoken of as intemperate. He died a violent death, leaving two sons and three daughters. His eldest son, after a short life of dissipation, died a drunkard. The second son committed a murder under the influence of drink. The eldest daughter had a delicate constitution, and died in giving birth to her first child. The second daughter died of consumption. The third daughter was confined in an insane asylum soon after her marriage.

It is not too much to say that all this ruinous train of circumstances arose from the condition of drunkenness in one man. It not unfrequently happens that generally temperate parents have an intemperate or an idiotic child. This may result from one or both parents having been under the influence of drink when the child was begotten.

Carpenter mentions a case in which a child begotten when both parents were partially intoxicated (but who were generally temperate) was completely idiotic.

"A child, begotten the night its mother had returned from a ball, when she had indulged in considerable wine, early manifested a strong love for drink, and died a drunkard, although none of her other children were addicted to its use."

If we consider the nature of this appetite, we shall find that to a certain extent it is a natural one. An appetite for a stimulant of some kind has been natural to all men, in all countries and ages. Opium, Indian hemp, tobacco, betel-nut, tea, coffee, and oil, are but different articles used by different people as substitutes for alcohol. The craving for alcohol and the condition of habitual drunkenness are but abnormal and excessive developments of this desire for stimulants.—*Dr. Griswold in Ind. Prac.*

Mercury Used in Dentistry.—Dr. Eugene S. Talbot, of Chicago, in American Medical Association, read a paper on "The Injurious Effects of Mercury used as in Dentistry." The paper was confined to the use of amalgam fillings in natural teeth.

There can no longer be doubt that amalgam fillings in teeth will sooner or later produce mercurial poisoning. The dire effects of this metal are not always seen immediately after the fillings are inserted, years sometimes elapsing before the injurious effects were felt and noticed.

The history of two well-marked cases were here given by Dr. Talbot, the persons affected having called upon him for treatment. The amalgam fillings were removed, and gutta percha temporarily substituted, these in turn being replaced with gold, after which all symptoms of mercurial poisoning disappeared. A detailed ac-

count of a series of experiments made by him were then presented, the conclusions and results being as follows:

1st. Mercurial vapor is given off from amalgam fillings at all ages and from all varieties, even from fillings sixteen years old, the vaporization being sufficient in quantity to respond to chemical tests.

2d. Minute doses of mercury, if taken internally three times a day, are capable of producing decided effects.

3d. Mercury when inhaled into the lungs is far more active than when taken into the stomach.

4th. If small doses taken into the stomach occasionally are capable of producing marked effects, and the vapor is much more active than the solid preparations of the metal, is it not a necessary consequence that amalgam fillings which are constantly giving off mercurial fumes to be inhaled into the lungs, not a few times daily, but always, without cessation, day or night, is it not a necessary consequence that in many sensitive persons such fillings must produce deleterious effects?

5th. When tons of this material are consumed annually, is it not credible that many constitutions are affected?

6th. Physicians in treating dyspeptics, anemics and persons suffering from nervous debility, would do well to examine the mouths of patients and know if artificial teeth on red rubber or fillings of natural teeth have in their composition mercury or any of its compounds.—*Detroit Clinic.*

The Autopsy Upon the Body of Guiteau.—We have the pleasure of presenting to our readers the fullest and most authentic report as yet obtainable of the autopsy held upon the body of Guiteau.

It is already known that the arrangements for the examination were deficient in many respects, owing either to lack of opportunity or of knowledge on the part of those directly responsible. With every wish, no doubt, for the contrary, there was an utter failure to arrange for a thorough and scientific study of the brain. We would not deprecate the value of our correspondents' work, however. All the facts of scientific value, and they are many, that could be gleaned between the tumbling of the brain into a grocer's scales and the final distribution of fragments are presented here by them.

We learn that the membranes were slightly diseased. This disease was of a character which indicated nothing regarding Guiteau's insanity.

As to the brain itself, and its convolutions, there was a high degree of fissural ornamentation, a well-marked symmetry of fissural arrangement on the two hemispheres, and an absence of the confluent fissural type. There was a well-marked fissural and general development of the frontal lobes. These also, we are told, had a peculiar shape. There was no gross evidence of disease anywhere in the brain-tissue. It is not at all likely that the microscope could have revealed anything. Under the unfortunate plan

of unsystematically cutting the brain in pieces, hardly anything can be expected from the microscope now.

On the whole, therefore, the evidence gathered by Drs. Morton and Dana shows that the brain had probably no detectable disease, that it had a somewhat peculiar fissural arrangement, and that it was of rather a high type. The cause of Guiteau's morbid mental state lay in structural or chemical deviations too delicate for detection with our present knowledge.—*N. Y. Med. Record.*

Oxyuris Vermicularis.—Dr. James P. Kingsley writes about these worms in the St. Louis Medical and Surgical Journal. They may exist in considerable numbers, and for a long time, in a child, without attracting notice by any symptoms of importance. The most frequent symptom is scratching of the anus, especially at night, after the child has become warm in bed, an increased amount of mucus at that time favoring the movements of the worms. There are frequent attempts to evacuate the bowels, which in many cases, results in the discharge of a small quantity of mucus. Often there is such violent straining at stool that the bowel becomes prolapsed. Sometimes the worms migrate into the vagina, and there excite great irritation, inflammation of the vulva and leucorrhœa. In the male they may cause erection and sometimes balanitis, also pain upon micturition and defecation.

Since these parasites inhabit the large bowel only, and usually the lower portion of it, they can readily be removed by the use of proper enemata. The best treatment is the daily injection of two or three ounces of lime water into the rectum, together with the occasional administration of a mild purgative, either a teaspoonful of castor oil, or one grain of calomel rubbed up with five grains of sugar, at, bed-time. A solution of common table salt injected daily answers an admirable purpose.

When there is a relaxed condition of the bowel, evidenced by its protrusion when straining at stool, an astringent injection should be used. In such cases he uses the following—

R Ferri sulphatis..... 3j.
 Infus. quassia,..... Oj.

M. Sig. Inject four ounces every morning.

The mother or nurse must be careful to wash away all the parasites she can find in the folds about the anus. The great itching that comes on after the patient has gone to bed may be effectually relieved by an application, to and within the anus, of the following ointment:

R Iodoform,..... ʒ ss,
 Ung. zinci. oxid. ʒ ss.

M. In addition to local treatment, tonics are usually required, more especially in strumous children. The preparations of iron are decidedly beneficial.—*Med. and Surg. Rep.*

STUDENT.—“How is it, Doctor, that I always take cold in my head?” Doctor.—“It is a well-known principle, sir, that a cold is most likely to settle in the weakest part!”

Dr. Byrd on Surgery.—The following is an extract from Dr. Byrd's address on Surgery, Excisions of the Alimentary Canal, etc., at American Medical Association:

The history of excisions of portions of the alimentary canal by the surgeon, dates back but a few years, and may be said to be the result of evolution beginning with McDowell's first ovariectomy. In cases of obstruction from stricture, medicine had failed for ages to afford relief, and surgery offered no hope. Occasionally where the constriction was caused by the strangulation of an extended bowel in hernia, the intestine would slough and be thrown out through an abscess, and nature would form an artificial anus. The great fear of entering the peritoneal cavity deterred the surgeon from hoping for anything better or resorting to any more radical means for the relief of the poor sufferers. Dr. Nicholas Senn, of Milwaukee, in a very able and exhaustive report to the Wisconsin State Society on the recent progress of surgery, says: The results of the cases of excision of the stomach may not seem promising, but when we come to review the earlier history of anatomy

THE PICTURE IS NEARLY AS DARK,

and it must be taken into consideration that many of these operations were undertaken after extensive adhesions had formed and neighboring tissues become involved. May we not hope with earlier and more accurate diagnosis that the diseased mass may be removed so as to restore the patient to years of health and usefulness? The details of the technique of the operation are so well described in a report of Dr. F. J. Lutz to the St. Louis Medical Society and published in June, 1882, that I forbear to quote. The remarks of the late Dr. John T. Hodgen relative to the operations were quoted in length. From the cases and the analogous ones which the author has studied he draws the following conclusions:

First—Resections of the small intestine may be done to a considerable extent without interfering in any appreciable degree with digestion.

Second—Practiced under suitable conditions the operation is to be considered perfectly legitimate.

Third—The resection may be performed by bringing the divided ends directly into apposition and closing the abdominal wound, by forming an artificial anus. The second and third procedure expose to less subsequent danger.

Fourth—Resection of fibrous and cicatricial structure which are probably more frequent than is generally supposed may cause a radical cure, and the same is the case with epithelioma. On the contrary, resections of cancerous obstructions gives only temporary relief, and at a greater risk.

Fifth—By proper diet after the operation the risk of fecal extravasation may be reduced to a minimum, and the best diet for this purpose is one containing as little fluid as possible.

Sixth—By introducing liquids per anum, and drink in the same way, water is absorbed as by the mouth and there is no sense of thirst; the flow of intestinal fluids is less considerable and the patient is more comfortable.

My first case was that of a farmer at Seehorn, Ill., aged fifty-

five. For years he had been treated for strangulated inguinal hernia, which could not be reduced

Found him with clammy sweat, almost pulseless and unconscious. Cut for the hernia and found eight inches of the ileum and a piece of omentum the size of my hand gangrenous. The bowel had separated at the junction of gangrenous and living portions, permitting extravasation of fecal matter. The omentum was ligated just above the gangrenous portion and the gangrenous part cut off. The ends of the ligature were left long so as to hang out of the wound. The sound omentum was dropped into the abdomen. The two ends of the bowel were stitched into the abdominal opening so that any fecal matter would be passed to the outside. They resembled to some extent the muzzle of a double-barreled gun presenting at the opening. The opening was left large enough to permit the insertion of the nozzle of a syringe into the abdominal cavity so that it might be washed clear of any bits of fecal matter or inflammatory products. The cavity of the abdomen was syringed out with tepid water, a teaspoonful of table salt and carbolic acid to the gallon, night and morning. Quinine and nourishing diet was ordered liberally. The patient rapidly recovered, and two months later was operated on for the cure of the artificial anus. * * * * *

Heretofore the closure of the artificial anus in many cases has been looked upon as a very difficult thing to accomplish, but I think the plan devised for its cure will make the cases few indeed where it cannot be done.—*Detroit Clinic.*

Syphilitic Infection of the Finger by Medical Men.—Prof. Fessenden N. Otis, M. D., communicates to the Independent Practitioner of March particulars of eight cases of syphilis contracted by physicians in making digital examination of the vaginae of syphilitic women. The initial lesion of this form of syphilis is described as being uniformly a papule, "coming soon to be of a deep red color, and presenting a superficial abrasion, becoming circular and deeper by a slow molecular necrosis; not by ulceration with formation of pus; the secretion thin and serous, and drying into a scab which is soon displaced by the fluid accumulating underneath." He also remarks "the entire absence of induration; in its place a slight, flat, juicy-looking, boggy swelling, or elevation, about like a small peppermint in size and thickness."

As proof of the efficacy of treatment, which was continued in five of the cases for one and a half to two and a half years, he states that subsequently "eight healthy children have been born, and both they and the parents have continued free from any evidence of syphilis."—*Med. and Surg. Jour.*

Iodoform in Gastric Ulcer.—Dr. M. J. Redmond (British Medical Journal) uses iodoform in the treatment of gastric ulcer, one three-grain pill three times a day. The vomiting of blood, which had been persistent, diminished under the influence of this drug, and finally ceased; pain and tenderness decreased, and within a month the patient had entirely recovered.—*Detroit Clin.*

Treatment of Acute Tonsillitis by Ice and Quinine.—To conclude our exercises this morning, I will show you a case, not of very great interest itself, but one that is frequently encountered in private practice, and therefore important for you to see.

This man is suffering with violent acute tonsillitis; the tonsils, as you see, are still inflamed; they were enormously swollen. He had, when he came in, eight days ago, considerable fever; the temperature at one time was $103\frac{1}{2}^{\circ}$, but it did not long remain at this height. The attack began with a chill, soon followed by fever, mucous expectoration, sore throat, but nothing like a diphtheritic deposit upon the surface. Both tonsils were swollen; he had high fever. It was a case of more than average severity, and in such cases the attack usually terminates with suppuration of the tonsils. It is rare that treatment will succeed in making the inflammation subside without it.

We gave him ten grains of quinine daily at first, in a single morning dose; afterwards in divided doses. We allowed him to suck ice freely, and, also, bearing in mind our recent case of parotid swelling, we applied the ice in bags to the outside of the throat, assiduously. This was carried out very effectually; for in place of the profuse suppuration which usually takes place in such cases in the tonsils, it has only been superficial and very slight, and has affected only one tonsil. Therefore we have reason to be pleased with the effects of the ice and quinine treatment in this case. Otherwise nothing locally was done; he used a little water as a gargle but no astringents; we relied solely upon the ice which he sucked and had applied to the angles of the jaw.

Now, gentlemen, this is a frequent disease and is very painful; if suppuration occur it is prolonged. I have called your attention to it solely with regard to its therapeutics; it presents no difficulty in diagnosis, though obscure in its pathology. In severe cases I believe that the treatment followed in this patient promises very satisfactory results.—*Med. Summary.*

Poisoning by Winslow's Soothing Syrup.—In the Sanitary News, December 15, 1881, there is a report of another death of a child eight months old, from the administration of a teaspoonful of "Mrs. Winslow's Soothing Syrup," the symptoms of poisoning by morphia being well marked. Analyses of this dangerous nostrum have shown that each ounce of the syrup contains *one grain* of morphia; so the dose, according to the directions on the bottle, for a child eight months old, contained *one-eighth* of a grain of morphia. It is about time that legal proceedings should prohibit the sale of such dangerous compounds, when advertised as inoffensive.—*Eclectic Med. Journal.*

The Abortive Treatment of Buboos.—Dr. M. K. Taylor, (American Journal of Medical Sciences, April, 1882), claims good results in the abortive treatment of buboos by injections of carbolic acid. He reports twenty cases in which he obtained remarkable success, and states that within the last seven years he has treated nearly one hundred and fifty cases of various forms of

lymphadenitis, arising from specific and non-specific causes; and where he saw the cases before the formation of pus was well established, he had not failed to arrest the process immediately, and allay the pain in a few minutes. His method is to inject from ten to forty minims of a solution of eight or ten grains to the ounce of carbolic acid directly into the interior of the inflamed gland. This treatment is of course not original with Dr. Taylor.—*Chicago Med. Review.*

Necrosis from Arsenic.—Dr. Goodwillie, in American Medical Association, (Detroit Clinic.) called attention of the section to cases of necrosis from arsenic, and illustrated them with wax models.

Case 1 shows, by two models, necrosis of lower jaw from each ramus forward. The case before and after, with a new deposit of bone without any deformity. Photograph of the lady also shown.

Case 2. Two models showing a case of poison by arsenic and necrosis of right superior maxillary.

a. Showing case one week after removal of necrosed bone. Without, in the least, disturbing the soft tissue. Also showing the formation of new bone.

b. The new bone complete and the mouth perfect; and no external deformity.

Case 3. Upper maxillary showing abscesses formed at nearly all the teeth, the result of applying arsenic to destroy sensibility of the dentine before filling the teeth.

The above will serve to show the sad results of the improper use of this powerful agent in devitalizing dental pulps.

Neuralgia.—Dr. Reginald G. Alexander, writing in the Lancet, makes the statement that it is now a well established fact that neuralgia is a disease arising from debility, and since it is very often mistaken for rheumatism, gout, spinal irritation, etc., he gives the following diagnostic points by which it can be differentiated: 1. Neuralgia occurs when general debility exists, is increased by fatigue, mental or bodily, but is relieved by food, and sometimes by stimulants. 2. The pain, which is sudden, darting and excruciating, exhibits remarkable intermissions, especially in the early stages of the complaint, and the constitutional disturbance is slight (temp., pulse, etc., frequently normal). 3. It is usually unilateral. 4. As the disease advances, tender spots are formed in the course of the affected nerves. Realizing that debility plays so important a part in this disease, he says, as would be supposed, that the treatment must be directed in every case toward improving the general health. Pure air night and day, great cleanliness and sponging with sea salt and water. Hypodermic injections of morphia give immediate relief and are really curative, since by allaying pain they allow the tonic measures to be carried out.—*Med. and Surg. Rep.*

Oral and Dental Surgery.—Dr. D. H. Goodwillie, of New York, chairman of the section on oral and dental surgery, at the American Medical Association, spoke of the two divisions in this department of the healing art: 1st, dental art or prosthetic dentistry; 2d, oral surgery.

The first is nearly all of a mechanical nature, while the latter treated of all the diseases of the mouth.

He believed that the teaching of this specialty should be from established chairs in medical colleges, where all students, before graduating, should be examined on the principles and practice of this department. Besides practical instruction should be given in an infirmary or hospital devoted to this class of affections. He gave illustrative cases from his personal experience of diseases of the mouth and associate parts, such as inter-oral extirpation of the maxilla with reproduction of bone and no deformity; inter-nasal extirpation of bones of the nose; a new operation for closure of the hard palate and lip in early infancy; treatment of abscesses of the jaw and neighboring parts, etc. These cases were illustrated by diagrams, instruments, and over twenty models in wax.

He closed by saying that he hoped the time was not far distant when there would be endowed universities where every branch of the healing art and allied sciences would be theoretically and practically taught.—*Detroit Clinic*.

Vaccination after Small-Pox.—Dr. C. F. Armstrong, of Corunna, Mich., writes:

"I had small-pox in 1856, treated by Prof. Sagar, of Michigan University. A few days since, I was vaccinated by Dr. H. B. Shank, of Lansing, and have as nice a vaccine pock as any one would care to see. I have treated many cases of small-pox in hospital and camp, also in private practice without taking the disease."—*N. Y. Med. Record*.

Two physicians applied a galvanic battery to a colored boy in Richmond, Va., who was said to have been struck dumb for lying to his mother, and he quickly began to talk, in the most distinct and emphatic manner.—*Ex*.

Prescription for Membranous Dysmenorrhœa.—Dr. Wm. H. Mussey, of Cincinnati, Ohio, in the Transactions of the Ohio Medical Society, 1879, gives the following prescription for membranous dysmenorrhœa, which we have once before published, but which we are requested to republish:

R	Pulveris guiaci resinæ	}aa ʒj.
	Terebenthinæ canadensis		
	Olei sassafras	f. ʒij.
	Alcoholis	f. ʒviij.

M. Macerate for seven days and strain.

Then add:

Hydrargyri chloridi corrosivi.....gr. x.

Sig. Take twenty drops in wine or sweetened water. night and morning.—*Va. Med. Monthly*.

SCIENTIFIC ITEMS.

There is apparently no limit to the activity of American inventors. During the first five months of the present year, there were filed at the Patent Office 13,244 applications for patents, being 2,307 more than for the same period in 1881, and 3,039 more than for the corresponding months of 1880. The receipts of the office for the same time were \$428,805.65, being an increase of \$64,623.55 over 1881, and \$90,660.85 over 1880. The total receipts for the present year, should the rate here shown be maintained, will be over one million dollars, and the number of applications more than 36,000. Of this multitude of inventions, covering every field in which human intelligence is at work, a large proportion, of course, will be of questionable or trifling utility. But a respectable percentage, at least, are of genuine value, and here and there in the list will be found such fruits of genius and patient labor as become landmarks in the history of the world's progress. One has only to reflect upon the astonishing number of these yearly contributions to the resources of science and art, to realize in what a pregnant age we are living, and how swift is the march of civilization toward a future of which the most sober estimates seem like the play of an extravagant fancy.—*Mechanical News*.

A Demonstration of a New Method.—Some time ago a most interesting demonstration of a new method of preserving meat was given at York terrace, Regent's Park, England. Instead of steeping the meat in an antiseptic, the preservative compound was introduced into the veins of the living animal, and from them into every part of the body. The sheep upon which the experiment was performed was first stunned by a blow on the head given with a wooden mallet. The left jugular vein was then laid bare, a pint of blood drawn off and about two pints of the preservative, dissolved in warm water and kept at blood heat, was injected into the opened vein. The sheep was then killed in the ordinary way, the whole occupation not occupying more than four minutes. The antiseptic used in this experiment was boracic acid, which did not in the slightest degree affect the quality or flavor of the meat, while the results of later experiments show that meat so treated will keep perfectly good without the use of ice or refrigerators for five or six weeks in summer and two or three months in cold weather.—*New York World*.

There is something stimulating to the imagination in the estimate of two million horse-power as the useful capacity of the American Fall at Niagara—in the ponderous machinery which it is proposed to erect on the brink of the falls for converting this power into electric energy—and in the 10,000 miles of copper cable by which this force is to be distributed to sixty-five leading American cities and used by them for heating, illuminating and

general industrial purposes. The scale on which this enterprise is projected ought to satisfy the most ardent enthusiast; and the statement has been made so many times that the author of the scheme has bought the twelve acres known as Prospect Park, as a preliminary step to getting his Archimedean lever in position, that it would be hardened skepticism to disbelieve it any longer. But the unpleasant reflection arises that the work of getting the project on paper, which is all that has yet been done, is at once the easiest and most inspiring part of the job. The prosaic details of the actual performance are yet to come, and will be much more tedious than the bold sketching of the outline. If nothing more is intended, however, than to create a company, and induce a sufficient number of credulous capitalists to put their good money into the undertaking, after the fashion of the Keely Monor stockholders, there are no mechanical obstacles to be overcome, and the Niagara genius has smooth sailing before him.—*Mech. News.*

A New Theory of the Formation of Coal.—After a protracted microscopic study of coal, Prof. Reinsch has come to the conclusion that coal was not derived from land plants, but chiefly from microscopic forms of "a lower order of protoplasm." He holds that plants of a higher order have contributed but a fraction of the mass of coal veins, however numerous they may have been in some instances. In a recent lecture, stating his conclusions, Prof. Reinsch referred to the fact that Dr. Muck, of Bochum, held that algæ have mainly contributed to the formation of coal, and that marine plants were rarely found in coal because of their tendency to decompose, and that calcareous remains of molusks disappeared on account of the rapid formation of carbonic acid during the process of carbonization.—*Independent Practitioner.*

Metallic Writing Pencils.—These pencils consist, according to the *Industrieblatter*, of an alloy of lead, bismuth and quicksilver. The ingredients vary according to desired hardness of the pencils. The ordinary proportions are: Lead, 70; bismuth, 90, and quicksilver, 8 parts by weight. A larger proportion of lead and quicksilver makes the pencil softer, and produces darker marks in writing. The lead and bismuth are melted together and allowed somewhat to cool, when the quicksilver is added and the composition cast in proper moulds.—*Druggists Circular.*

Baptiste-Jacob, the New Siamese Twins.—The brothers Tocci, born in Turin in 1877, are considered to be even more curious than the famous Siamese twins. They have two well formed heads, two pairs of arms and two thoraces, with all internal organs; but at the level of the sixth rib they coalesce into one body.—*Ex.*

A RECENT German improvement in grain-cleaning machines consists in making the casings of stoneware made of ferruginous clay. The advantages claimed by the inventor for this covering over metal are that it lasts longer and works better, as the working-surface will not wear smooth.—*Ex.*

PRACTICAL NOTES AND FORMULÆ.

A Common Error that should be Corrected.—G. G. Roy, M. D., Professor of Materia Medica in Southern Medical College, Atlanta, Ga., sends us the following practical hint, which it is well to observe:

We frequently see in print formulæ thus expressed: (Copied from the Medical and Surgical Reporter, Philadelphia.)

R Creasoti, m xx ad f. 3ss, '
Zinci oxidi, 3iss,
Ungt. simp. benzoat, 3i. M.

Now, the books teach, and we teach in our classes, that a *minim* (m) is equivalent to *two drops*; and young graduates (and many of the older) who have been so instructed, might very naturally make a serious, if not a fatal mistake in prescribing poisonous liquid medicines, if the druggist gave the value of the *minim* as equivalent to *two drops*, when it was intended to represent *one drop*; or the patient might suffer, and the physician be disappointed in the effect or want of effect of the medicine, if he intended the *minim* as 2 drops and the druggist used one.

It is true that in the above formula the "ad. f. 3ss" shows that the *minim* is intended to represent *a drop*—since, if representing *two, forty drops* would be used, which is more than half a fluid drachm—but it is not always thus written. The *minim* is rarely used with us, and the mistake not likely to occur with our druggists; but in using a prescription, which has proven valuable in the hands of other physicians, where the *minim* is directed instead of "*gtt*"—the physician borrowing it would not know which was intended (unless the formula is similar to the one quoted above) and of course could not enlighten the druggist.

The *minim* should be used only to represent *two drops*, (the books teach this) or it would be best to write "*gtt*" altogether, as all know that this symbol means *a drop*.

Uniformity in a matter apparently so simple as this, is nevertheless very desirable, and may sometimes prevent serious, if not fatal consequences to the patient; and relieve the physician and druggist, to say the least, of much severe criticism and even criminality.

Treatment of Uterine Fibroids.—Fibroids of the uterus may often be successfully treated by the use of suppositories of ergotin made according to the following formula:

Ergotin gr. 1-12; 0.006 Gm.;
Cacao butter gr. xxij; 1.50 Gm.;
Vaselin q. s.

For one suppository.

These suppositories are of equal use in cases of menorrhagia, metrorrhagia, and chronic metritis.—*Le Prog. Med.; Lon. Prac.*

Chronic Ulcer.—Dr. Erichsen, in Detroit Clinic, reports a case of chronic ulcer cured as follows—

John G., aged 58. This man had a small ulcer on his right leg. No specific history. The cause could not be ascertained. His general health was good. I prescribed—

R Iodoformi,..... ½ drachm,
 Balsam Peru,..... q. s.,
 Cerati simp..... 1 ounce.
 M. Ft. unguentum.

Sig. To be applied to ulcer night and morning.

Improvement took place rapidly, and in five weeks the man was relieved of his trouble.

Comedone Wash—

Cologne..... 100 parts,
 Benzoic acid..... 5 parts,
 Balsam Peru..... 1 part,
 Mix and add :
 Alcohol..... 300 parts,
 Conc. acet. acid..... 500 parts.

ANOTHER ONE.

Ac. oxalic..... 5 parts,
 Borax..... 10 parts,
 Rosewater..... 135 parts,
 Glycerine..... 50 parts.

These might replace the secret or patented Comedone washes.
 —*New Idea.*

New Treatment for Vaginitis.—M. Terrillon proposes a method of treatment which consists essentially in the introduction into the vagina of the following ointment—

R Ac. tannic..... 50 grams,
 Amyli..... 150 grams,
 Ung. petrolei..... 150 grams.

M. This ointment is placed in a sort of speculum, so arranged that the ointment can be forced out as the instrument is withdrawn from the vagina. If the vulvar opening is large a small tampon of cotton may be introduced. Generally from fifteen to twenty grams of the unguent is sufficient at one application, and it need not be repeated for seven or eight days.—*Med. and Surg. Rep.*

Mercurial Salivation.—For the prevention of it, Professor Panas prescribes the following—

Powdered cinchona..... 3 parts,
 Powdered rhatany..... 1 part,
 Powdered chlorate of potash..... 1 part.

Rub the gums ten or twelve times a day.—*Ibid.*

Camphorated Dover Powders.—Dr. A. H. Chenoweth, of Olney, Missouri, says: I have been using for three or four years an anodyne and diaphoretic powder of my own invention, made after the following:

R Powdered opium.....	½ scruple,
Powdered ipecac.....	1 scruple,
Powdered camphor.....	2 scruples,
Powdered potassa bromidi	8 scruples.

Throw together in a mortar, and rub into a fine powder. Dose, the same as the old powder.—*Brief.*

Treatment of Amenorrhœa.—A large number of remedies have been credited with emmenagogue properties, many of them being inert, and some of them simply irritant poisons whose employment has frequently resulted fatally, especially when used with criminal intent, as abortifacients. Strychnia affords excellent results in many instances. A favorite with me is the following—

R Strychniæ sulph.....	gr. j,
Quiniæ.....	3 j,
Ferrum per hydrogen.....	} aa 3 ij,
Asafetidæ pulv.....	
Ext. quassiæ.....	q. s.

In pil. No. 60 div. Sig. One four times daily.

I usually add at bed-time ten drops of Squibb's fluid ext. ergot in water; and a forcible jet of cold water along the spine every morning on rising for a few minutes, with brisk friction of the abdomen, succeeds admirably in many cases. Exercise in the open air, equestrianism particularly, with attention to a normal action of the skin, kidneys, and bowels is essential.—*Med. Summary.*

Ring Worm.—

R Adipis.....	6 drachms,
Glycerinæ.....	2 drachms,
Sodii carbonat.....	1 drachm,
Calcis pulv.....	½ drachm,
Carbonis (liq.) pulv.....	1½ ounces.

M. Sig. Before applying this salve remove scabs by using starch poultices. Treatment should be kept up two or three months in cases of tinea tonsurans.—*N. O. Med. Jour.*

Chordee.—

R Chloral hydrat.....	½ drachm,
Camphoræ.....	12 grains,
Morph. acetatis.....	2 grains,
Ol. theobroma.....	q.s.

M. Ft. suppos. no. 6 (15 grains each).

Sig. One every hour in rectum until relieved.—*Med. and Surg. Reporter.*



EDITORIALS AND MISCELLANEOUS.

PLEASE NOTICE.—Subscribers in arrears please remit without further delay.

SUBSCRIBERS Received will appear in our next.

SEE the advertisements of two Medical Colleges in this Journal.

THE next meeting of the American Medical Association is appointed for Cleveland, Ohio, June, 1883.

CORRECTION.—In Dr. Hobbs' article in the June number of our Journal on *Entropion and Trichiasis* in 23d line from the end read elliptical for conical, and in 17th and 19th lines from the end 10 and ten should read — 10.

SOUTHERN MEDICAL COLLEGE, ATLANTA.—The curriculum in this new and progressive Institution is now complete—the following additional lecturers having been appointed:

H. F. Scott, M. D., Lecturer on Dermatology.

B. H. Catching, D. D. S., Lecturer on Dental Surgery.

W. C. Jarnagin, M. D., Auxiliary to the chair of Obstetrics and Diseases of Women and Children.

"MEDICAL COLLEGES AND QUACKERY."

Under this head the editor of the Atlanta Medical Register, in the July number, after some very timely and sensible comments touching the duties of Medical Colleges in properly and thoroughly training the students under their care, and the just expectation of the profession and the public that only correct principles be inculcated and enjoined upon those receiving diplomas, thus remarks:

"Having once felt these impulses, and being still impressed with the value of such influences, our astonishment can be imagined when, only a few days ago, we discovered in the list of recent graduates of an old and well-known Medical College the name of a notorious nostrum vendor. Standing side by side with aspiring and worthy young men, he received the indorsement of a corps of dignified professors and was sent out to the world with the seal of the institution upon him, not to practice medicine, ah, no; not that, no such drudgery for him; but, under cover of a diploma, unconditionally granted, to continue to ply his vocation undisturbed, and to continue to dispense his secret compound without the fear of the law before his eyes.

We are not apprised of the arguments advanced by these gentlemen, if any there were, to explain or excuse this act. We are merely dealing with the fact as it appears in their printed announcement and with the principle which the act involves, and whatever motive may have prompted them to lend their aid to the accomplishment of this unhallowed end, we emphatically assert that it was not considerate of the class; it was not complimentary to the alumni; it can scarcely reflect credit upon the College, and it surely will not tend to exalt the standing of the medical profession.

As the name of the Institution against which the above charge is brought is not given, we feel it just and proper to inform the profession that it does not apply to the Southern Medical College of this city, with which two of our editorial corps are connected; and we take occasion to say in behalf of the Faculty of this Institution (the new school) that no "notorious nostrum vendors" can be found among their list of graduates; and we take occasion to repeat, what has often been avowed by the founders of the Southern Medical College, that they have earnestly and dilligently labored to elevate the standard of medical education in the South, and that it is their aim to establish a great leading, central Institution in Atlanta for the Southern States; one of which the profession will be proud, and whose diploma will convey to its possessor a title to high and honorable recognition in the ranks of the medical profession everywhere.

It is hoped that the friends of medical education will appreciate these pledges, and will give to the new Institution their hearty co-operation and support.

OFFICERS OF AMERICAN MEDICAL ASSOCIATION.

REPORT OF THE COMMITTEE ON NOMINATIONS.

President, Dr. John L. Atlee, Lancaster, Pa.; First Vice-President, Dr. Eugene Grissom, Raleigh, N. C.; Second Vice-President, Dr. A. J. Stone, St. Paul, Minn.; Third Vice-President, Dr. J. A. Ochterlony Louisville, Ky.; Fourth Vice-President, Dr. H. S. Orme, Los Angeles, Cal.; Treasurer, Dr. R. J. Dunglison, Philadelphia, Pa.; Librarian, C. H. A. Kleinschmidt, Washington, D. C. Judicial Council to fill vacancies—Dr. N. S. Davis, Ill.; Dr. J. M. Brown, U. S. N.; Dr. X. C. Scott, O.; Dr. M. Sexton, Ind.; Dr. N. C. Husted, N. Y.; Dr. Wm. Lee, Md.; Dr. J. E. Reeves, West Virginia.

The next place of meeting—Cleveland, O.

Chairman of Committee of Arrangements—Dr. X. C. Scott, Cleveland, O.

Section in Practice of Medicine—J. H. Hollister, of Chicago, Chairman; John G. Lee, Philadelphia, Secretary.

Section in Surgery and Anatomy—W. F. Peck, Davenport, Iowa, Chairman; Paul F. Eve, Nashville, Tenn., Secretary.

Section in Obstetrics—John K. Bartlett, Milwaukee, Wis., Chairman; G. A. Moses, St. Louis, Mo., Secretary.

Section in Medical Jurisprudence and State Medicine—Foster Pratt, Kalamazoo, Mich., Chairman; Thos. L. Neal, Dayton, O., Secretary.

Section in Ophthalmology, Otology and Laryngology—A. W. Calhoun, Atlanta, Ga., Chairman; Carl Seiler, Philadelphia, Pa., Secretary.

Section in Diseases of Children—R. F. Blount, Wabash, Ind., Chairman; J. H. Sears, Texas, Secretray.

Section in Dentistry—D. H. Goodwillie, N. Y., Chairman; T. W. Brophy, Chicago, Ill., Secretary,

Committee on Necrology—J. M. Toner, D. C., Chairman.
 Committee on Publication—W. B. Atkinson, Chairman.
 Assistant Secretary—Dr. I. N. Hines, Cleveland, O.
 Committee on State Medicine—D. C. Ewing, Ark., Chairman.

DR. J. E. JANVRIN, of New York, requests us to call the attention of our readers to the fact that a "System of Gynæcology by American Authors" is in process of preparation, and it is intended that this shall be as nearly encyclopædic as possible, and that to him has been allotted the task of writing the chapter on the "History and Statistics of Ovariectomy," and he asks information from medical brethren on this subject. It is desirable, too, to have all material ready for the press by the end of this year—so that the sooner the returns are made, the lighter will be the task of the editor. Please request all who wish their cases published, to send me the reports before September 1, prox.

May I request your earnest co-operation in the matter, that the work may be worthy the great subject in hand. The questions to be answered are as follows:

- | | |
|---|--|
| 1. Name of Operator? | 11. Long or short incision? |
| 2. Age of Patient? | 12. Adhesions or other complications? |
| 3. Nationality? | 13. Double or single Ovariectomy? |
| 4. Married or single? | 14. Pathological features of Cyst? |
| 5. Aspiration or previous tapping? | 15. Treatment of the Pedicle? |
| 6. Duration of Growth? | 16. With or without Drainage? |
| 7. Laparotomy or vaginal Operation? | 17. Duration of Operation? |
| 8. Condition of patient at time of Operation? | 18. Complicated or Uncomplicated history of Operation? |
| 9. Were antiseptic precautions used? | 19. Anti-Pyretics used, if any? |
| 10. Was the spray used? | 20. Result. Cause of death, if any? |
| | 21. Primary or secondary operation? |

Let the answers be as concise as possible. In many cases a simple yes or no will suffice.

All communications should be addressed to him, 191 Madison Avenue, New York City.

DR. JNO. G. WESTMIRELAND AND THE ATLANTA MEDICAL COLLEGE.

The following card appeared in the Atlanta Constitution of July 2d, 1882:

TO THE PUBLIC.

More than a year ago I resigned my chair of Materia Medica and Therapeutics in the Atlanta Medical College, which I had occupied from the organization in 1855. By that act, as the Faculty were well apprised, my connection with the Institution was nominally and practically severed. In the succeeding catalogue my name was retained as Emeritus Professor, as I supposed to show an honorable separation from the Faculty, and of course was not objected to. It is, however, inserted again in the catalogue of the present year, without my knowledge, desire or consent, or any valid reason, as I conceive.

My resignation was founded on objections to the policy adopted by the Faculty

of taxing the students and Faculty with full fees for a young man to act as clerk for the Dean and whipper-in for the College, and I do not, therefore, intend to retain even a nominal connection, though nearly a quarter of a century of the prime of my life was spent in the organization and successful operation of the College. If the continuance of my name is intended as an honor to me, I respectfully decline it, and if for other purposes my duty to the public requires this notice.

J. G. WESTMORELAND.

THE GARFIELD DOCTORS' BILLS.

We copy from a newspaper the following extract from Senator Vest's address, relative to the fees in the Garfield case:

"If anything is established by human testimony, if anything is creditable in regard to this case, it is that the late lamented President of the United States was—I will not use the word 'butchered'—but unquestionably malpractice was had upon him in his last illness, producing his death. It is admitted by the medical authorities who had charge of the case, and the autopsy put it beyond any sort of question, that he was treated for a pus cavity, while the wound which hurried him to the grave never for a moment came under the attention of those eminent surgeons. I allude to this in no spirit of malevolence; but I allude to it as a matter of legitimate discussion, to show that these gentlemen, from a medical and scientific point of view, are not entitled to the enormous fees which they now bring as a claim against the Government of the United States."

We do not propose to enter into an argument to defend the course and practice of the medical gentlemen who treated President Garfield; enough has already been said on the subject. As a journalist we wish to place a protest upon record against the severe and unjustifiable abuse of the medical men in this case, based upon the fact that they failed to trace the course of the ball. We insist that all the surgeons in the world, had they been there, could not have traced the devious track of the ball by any means now known to surgery; and if they could have done so, and located it in the exact spot where the autopsy found it, nothing could have been done to remove it or to change the result. That the case was a fatal one from the beginning there is now no doubt, and as little doubt that his life was prolonged and his sufferings greatly alleviated by the physicians. For this, and for the care and diligence they bestowed upon the illustrious patient, they are entitled to the gratitude of the American people.

As to the fees, we do not favor any extortionate charges; nor do we understand that the medical men have made any charge—the matter being referred to a committee of Congress.

If so liberal a fee were to be conferred upon some Government agent, or some shrewd and distinguished attorney acting for the Government, in some matter of public interest, it would be thought legitimate and right; but when a member of the medical profession happens once in a century to fall in the way of receiving a bounty, then it is pronounced an outrage and a shame. Gen. Grant, already possessed of a large fortune, and loaded down with honors, has had bounties lavished upon him; and Mrs. Garfield was made the recipient of hundreds of thousands, and no word of complaint is heard; but now that two or three conscientious and faithful medical men, bearing the unjust censure and abuse of half the nation, are to receive a somewhat liberal fee, a howl of indignation and wrath is heard throughout the country. Shame! We do not favor exaggerated allowances; but if they are to be tolerated in any case, why not to a doctor as well as to anybody else?

THE Southern Dental Association will assemble the present year at Baltimore, August 8th next.

DEATH FROM CHLOROFORM.—Mr. George Allen, a citizen of Birmingham, Ala., died on June the 2d from inhaling chloroform to have a tooth extracted.

SPECIAL NOTICES.

PARRE, DAVIS & CO.—This great drug house, of Detroit, Michigan, have attained to a very high reputation as wholesale druggists and manufacturing chemists. Their indomitable enterprise in the importation and presentation of new drugs to the Profession is worthy of all praise, and their numerous reliable and elegant preparations have the confidence of the public and of the Medical Profession everywhere. See their advertisement in this Journal.

THE art of sugar-coating pills so as not to impair their solubility, but to preserve the composition, keeping it soft and plastic, has acquired for **Messrs. Warner & Co.**, a world-wide reputation. Physicians may rely upon the purity of the drugs used, and upon the mathematical nicety in which their pills, "granules," and "parvules" are divided. Every doctor may be his own druggist, and at the same time save himself the drudgery of it by using **WARNER'S** preparations. A bottle of Quinine Pills recently sent us by this firm satisfies us that this firm is fully maintaining its reputation.—*North Carolina Medical Journal, July, 1879.*

REED & CARRICK.—The polite and intelligent agent of this excellent house called at our office and exhibited a number of samples prepared by them. For neatness, beauty and excellence of combination they cannot be surpassed. We ask our readers to read their advertisement on next to last cover page in this Journal, and to test their preparations. We have found them very useful in practice.

CELERINA.—Examine the advertisement of this agent by J. C. Richardson in this Journal. It is very highly extolled as a Nerve Tonic of rare quality, adapted to low, debilitated conditions of the system from any cause—especially in cases of mental, nervous or sexual exhaustion. Among the multitude of new and useful agents now being introduced, it is regarded as a very valuable addition to the armamentarium of the physician.

HYDROLEINE.—Dr. E. H. Trenholme, 82 Beaver Hall, Montreal, Can., says: My experience with Hydroleine has been more than satisfactory, and I know no remedy like it in cases of a scrofulous or tubercular diathesis. In some of my cases the effect of Hydroleine has been really marvelous. I wish you to send me half a dozen bottles for my own personal use, as I wish to continue taking it myself.

NOW that the father of antiseptic surgery has placed carbolic acid under ban, and recommended eucalyptus as an efficient substitute for it, we would advise physicians to give **LISTERINE** a trial. Eucalyptus is one of its constituents; and the preparation, being a perfect solution, is presented in a form most convenient for general use.—*Louisville Medical News, June 25th, 1881.*

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the **ELLIOTT**. Doctors that do the same thing get the standard article. Send for circular to A. A. MELLER, 709 Washington Avenue, St. Louis, Mo.

JOHNSTON'S FLUID BEEF.

C. H. F. ROUTH, M. D., Senior Physician to the Samaritan Hospital for Women and Children, etc., 52 Montague Square, London, 17th April, 1878, writes:—I have made careful and repeated trials of your Fluid beef, and am eminently satisfied with it. It affords sustenance, and is well borne by weak stomachs. It seems to me to fulfil a desideratum long sought for, and I feel much obliged to you for bringing it before my notice. I trust you will have depots in London soon, for a Beef Tea containing albumen and fibrine in such large quantities, and in such a readily assimilable mixture, will prove of the greatest value to the treatment of disease.

Quinine Hypodermically.—Quinia Bi-Muriatica Cardamidata; soluble in its own weight of boiling distilled water.

Dr. McCoy, house physician of Bellevue Hospital, in the Medical Record of August 7th, 1880, cited 88 cases in which he subcutaneously administered this remedy with the most satisfactory results, and without the sequence of a single abscess. He employed a fifty per cent. solution of Bi-Muriate Quinia with Urea; and in one case, which he cites, found that 40 grains of the salt, when given at one time, produced cinchonism in one hour, the temperature being decreased four degrees in five hours.

McKesson & Robbins, of New York, well known as the introducers of gelatine-coated pills, manufacture the salts, and sell it in one, two and four gramme vials, and also the fifty per cent. solution which they put up in one-eighth ounce and one ounce vials.

T H E

Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the RECORD must
be addressed to the Managing Editor.

VOL. XII. ATLANTA, GA., AUGUST 20, 1882. No. 8.

ORIGINAL AND SELECTED ARTICLES.

CLINICAL REPORT

Of a Compound Comminuted Complicated Fracture of the Superior Maxilla, and Compound Complicated Fracture of the Inferior Maxilla, Successfully Treated.

BY DRs. HAYES BROS., MARIANNA, ARK.

Read before the Lee County Medical Association, at the June Meeting, by W. G.
Hayes, M. D.

Maj. C——, æt. 52, married, a planter, was a subject of chronic diarrhœa while in the army; except with threatening attacks of it since from time to time, health has been otherwise good.

Gentlemen: As this case is a peculiar one and nothing like it has attracted my attention, either in the authorities or journals, I am permitted to hope that a brief history of it will be neither uninteresting nor uninstructional.

Dec. 18th, 1881. Sunday evening at 3 o'clock we were called in great haste to go five miles in the country to see Maj. C——, who had been thrown from a buggy by a runaway team, upsetting the buggy and throwing the two occupants out.

The Major was thrown with great force against the end of a fence rail, which came in contact with the right side of the face, was taken up insensible and carried to a neighboring house, where we found him one hour and a half afterwards. He complained of

our delay, and thought we had put him off too long. We found him covered with blood, his face badly mangled and swollen, his mouth clotted, his speech very imperfect, and the blood running anteriorly and posteriorly from the nose.

It was a horrible sight to witness, and distressing in prognosis. After removing the blood from the face, we proceeded by trimming close the beard. On first sight we found two gashes in the cheek, each about two and a half inches long and extending to the bone; one beginning directly beneath the right nostril and extending irregularly to a point about the centre of the cheek; the other divided the lower lip half way between the centre and the right corner of the mouth, extending downward and to the right.

After a brief but satisfactory examination (under sponge and water) of the fractured jaws, we promptly closed the lacerations by stitches.

The right cheek was badly complicated, the superior maxilla being comminuted—also the malar on the same side. The teeth on this side were easily moved separately, and were held in position with the crushed bone only by the gusm, which were not lacerated.

The gash made in the laceration of the Levator muscles also severed branches from the mouth and nose, and soon he vomited a large amount from the stomach, and was relieved of the nausea that he had been complaining of, and then rested quietly under a dose of chloral until we could get an ambulance to take him home.

On arrival, at 8 o'clock, p. m., had a free natural action from the bowels; was put to bed with pulse feeble and breathing difficult, which was due, in part, to clotted blood in the nose, that we would not remove for fear of fresh hemorrhage.

Treatment as indicated, whisky and carb. ammonia, chloral hydrate and warm appliances; bowels acting again at 11 o'clock, free, bilious stool; quite restless all night.

Monday, 19th. Deglutition difficult this morning—due to swelling of soft parts and complication of fracture: spitting or blowing out large quantities of coagulum. At 10 o'clock an action from the bowels, all blood, and due to a deposit which had been accumulating in the stomach since 5 o'clock the evening before, the time at which he vomited freely.

In consideration of the complications in this case, Dr. W. B. Rogers, of Memphis, was called, who met us at this date; and on close examination (the coagulum having passed from the mouth and the patient well rested) he discovered a fracture, also, on the left side, in the superior maxilla, passing transversely across the

facial surface, near the canine fossa, and downward in front between the canine and incisive teeth.

The consideration in this council (in which Dr Sumpster was invited to take part) was, first, the demand for an operation to take away all comminuted bone from the right cheek.

Second, the possible repair of bone, if properly adjusted and supported in a vulcanized rubber plate, to be prepared by a skillful surgeon dentist.

Yet, age and condition, long and tedious treatment, and doubtful repair were opposing features in this plan. It was nevertheless agreed upon, though reluctantly; yet we never had reason afterward to regret it.

Treatment: Bitter wine of iron, dose ʒss. ter die ; chloral hydrate, pro re nata. Listerine as a disinfectant and antiseptic. Nose and mouth syringed out frequently, with much discharge of clots and muco-pus.

Tuesday, 20th. Rested well last night; is now taking beef tea, maltine and cream. Listerine used freely to mouth and nose; breathing some better; deglutition improved on account of bandage being tightened, and supporting action of jaws. Was examined by Dr. N. N. Hayes, dentist, of Helena, who discovered still another fracture that had escaped our notice up to this time (although it had been suspected). This was a fracture of the shaft of the inferior maxilla, just in front of the mental foramen of the right side, which corresponded with the gash of the lower lip that has already been described. The discovery of this fracture very materially increased the difficulty in our plan of treatment. We were now deprived of the leverage and support of the lower jaw; and it was necessary to contrive a plate, so as to act as a stay, both to the upper and lower jaws. The patient was anæsthetized and the impression taken.

Wednesday, 21st. Rested badly last night; troubled by displacement of bandages; swallowing difficult; patient low-spirited and fearful of being strangled. Temperature having been very little above normal up to this time, is now exaggerated into fever.

Thursday, 22d. Seems better this morning, taking nourishment and tonic with more ease; is troubled about the adjusting of the plate that is to be put in the mouth this morning. The dentist who had been laboring constantly and skillfully for two days, was now ready. The plate, which is before me for inspection, has two surfaces—an upper and lower, with sockets fitted for the stay of upper and lower teeth when the parts of fracture are evenly ad-

justed, and resembles somewhat a long piece of "popping" wax or chewing-gum that a girl would pull from her mouth, "V" shaped, showing the impression of every tooth in the head. You may observe that on the lower margin of this plate there is a corresponding gap to the one made in the lower jaw by the evacuation of the five teeth we have already described; this gap in the plate was made as large as possible, for through it only could we have ingress to the mouth.

The plate was introduced by the dentist, and as the intelligent assistance of the patient was needed in placing it, he was not anesthetized, but was compelled to endure the adjustment of fracture and setting teeth in the plate with much pain, which he did with more complacency than we expected.

The skillful arrangement of this plate adapted itself to the jaws, approximating a natural position. After applying our bandages and an isinglass plaster passed across the chin to carry off the fluids from the mouth, he was permitted to rest.

Through the gap described, we were able to pass the nozzle of a syringe, and with antiseptic solutions his mouth and nostrils were frequently cleansed; and a tablespoon could enter sufficiently to turn in its liquid contents. The treatment as already given, was kept up with very little variation for two months.

On the eighth day there was a rise of temperature, with a more liberal discharge of muco-pus, and much complaint of pain in the jaws. This high inflammatory action lasted until the 13th day, when it began to subside. At this time, being the 1st day of January, we removed bandages with much care, cleansed and redressed the face, with intention to let the plate remain in situ for a few more days, but next day found plate entirely dislodged, after a spell of coughing, which was produced by imperfect deglutition. The plate was then removed, dressings re-applied, and after taking two stitches in the hair-lip that was forming from the gash below, we congratulated our patient that union was rapidly being completed in the fractured parts.

Feb. 1st. He began to eat soft eggs, rice, gelatine and other semi-solids. At this time a small spicula of bone was taken from the mouth, and an abscess formed beneath the fracture of the lower jaw. This abscess was kept open for three months as a drainage; one small spicula passed in the meantime.

Four months after injury the light bandage was taken off. The beard having grown out sufficiently, leaves no deformity when the mouth is closed, except the cicatrix across the levator muscles. The action of these muscles and sensitive nerves are left imperfect, but are improving by use. He can now eat any well prepared food; health good; attentive to business, and is grateful for the results in the case.

IODOFORM AS A DRESSING TO FRESH WOUNDS.

BY LINDSAY JOHNSON, M. D., OF GA.

Last February I was called to see a young man at Bartow Iron Works—a station on the W. & A. R. R.—who had, the evening before, been run over by a freight train, his right ankle being so badly mangled that amputation of the lower third of the leg was at once performed. At the time of the operation no antiseptic precaution whatever was taken. Patient was very much exhausted from loss of blood, long suffering (eighteen hours having elapsed since reception of injury) and shock. Wound was simply dressed with cold cloths, and directions left with the nurse to keep dressing wet till my return next day. Primary dressing was then removed and iodoform well sprinkled over surface of wound, the stump enveloped by a wide piece of smooth cloth, greased with vaseline to prevent sticking, and over the whole a roller bandage, to be unmolested for four days. At the expiration of this time I returned, and upon removing the dressing found wound perfectly sweet, presenting a healthy, granulating surface with slight sero-sanguineous flow. Sutures were all removed, wound cleansed and dressed in same way. Directions left with nurse to continue the use of iodoform, removing dressing and reapplying once in twenty-four hours.

After this I saw patient every four days. No pain or muscular twitching in attendance; slept well without the aid of an anodyne or hypnotic; appetite good throughout; suppuration slight, and from first to last not the faintest odor ever perceptible. In two weeks from date of accident patient was up and on crutches; no untoward symptom having shown itself during treatment, and nothing used as a dressing save the iodoform.

Again: Virgil Cox, æt 22 years, an employee of the W. & A. R. R., while engaged in coupling cars at Cartersville, Ga., on the night of April 8th, had his clothing caught in a brake and was thrown beneath the cars, one wheel passing obliquely over right leg between the knee and ankle. The cars being in motion he was carried the distance of forty feet, receiving in his passage over the track-railing and ends of cross-ties, deep lacerations on either side of the perineum, besides numerous superficial abrasions and contusions. When I first saw him it seemed almost a forlorn hope to attempt surgical interference; yet not feeling satisfied to stand passively by and make no effort at saving a valuable life, had him taken from the office floor of a hotel, where he had been borne by

friends, and placed upon a table. Ably assisted by Drs. W. W. and R. W. Leake, I amputated thigh at the lower third, about 12 o'clock—two hours after reception of the injury. With all the unfavorable circumstances surrounding such an operation at such an hour—the profound shock, excessive exhaustion from previous loss of blood, it appeared almost impossible that patient should survive even a few hours. Stump and other wounds all dressed, our full energies were employed in reviving patient from chloroform stupor, and establishing general reaction. Suffice it to say, he at length “came around.” For the first few days carbolic acid in conjunction with iodoform was used as a dressing and general disinfectants.

About the fifth day sutures were removed; wounds, stump and perineum presenting fresh and healthy granulating surfaces. After this iodoform alone was used, previous experience having thoroughly convinced me that as a local anæsthetic and antiseptic, and as a remedy against painful muscular jerking, this agent was par excellence. At each dressing the wounds were well cleansed of the sero-sanguineous matter which invariably follows amputations and wounds of like character, and a fresh supply of iodoform sprinkled over the surfaces, covered with several layers of soft cloth, and the whole length of stump enveloped in a roller bandage. This method was persisted in during the whole course of treatment; and, as in the case previously mentioned, not the slightest odor, at any time, could be detected, nor was pain present in a degree demanding the employment of an anodyne. The perineal wounds, which gave us most concern, healed with great kindness and rapidity. Indeed, I have yet to see a case that, all in all, resulted so satisfactorily. Notwithstanding the intervention of acute rheumatism, the young man was able to take crutches and walk the distance of seventy yards, get upon the cars and go to his home, about forty miles distant, the 48th day from the time of injury. His wounds all healed, and in good general health and spirits.

Now, in taking a retrospect of the action of iodoform in this last mentioned case, when the patient was subjected to powerful shock, numerous abrasions and contusions, deep lacerations in and near vital organs, and an exhaustive operation, I am forced to the conclusion that most of what has been said of the intoxicating and poisonous effect of this agent is all “boosh.” Not for a single moment could elevation of temperature, headache, depression, loss of appetite, or other untoward symptom be ascribed to this remedy. That some individuals may exhibit an idiosyncrasy in

respect to iodoform, I have no doubt; while in a great majority of cases I am led to believe nothing of a toxic nature could be imputed to its employment. As in opium, ipecac and various other drugs, if unfavorable constitutional peculiarities should arise, the discontinuance of its use would at once, I am sure, put a stop to the trouble.

I will only add, that in a recent case of deep knife wound—penetrating the thoracic cavity from behind—I used iodoform alone as a dressing, receiving from its use the full benefit of a safe antiseptic, a reliable local anæsthetic and rapid promoter of healthy granulation. Am now treating a serious gun-shot wound with much satisfaction, with this agent alone.

In a great number of other cases, differing in character, yet all fresh wounds, I have employed the iodoform to my full and entire satisfaction.

GONORRHŒA.

BY T. H. LOGAN, M. D., OF GA.

As I have had the benefit of several articles on the treatment of gonorrhœa in your Journal, I wish to give to the profession my experience through the same channel. I have used some of the various remedies laid down for the treatment of gonorrhœa with various results, some have proved successful in my hands, in some cases, while in others they have failed. (What is one man's meat is another's poison). As far as my experience goes in the treatment of gonorrhœa, there is nothing that can truly be called a specific. The treatment I have had most success with and that which seems to be nearer a specific than any other, is as follows:

R Calamine.....	grs. lxxx,
Pow'd kin.....	grs. xxx,
Sulph. zinc.....	grs. x,
Sulph. morphine.....	grs. viij,
Boiling water.....	O. j.

M. Sig. Shake and inject a syringe-ful every two hours, urinating each time before injecting. The injection should be retained two full minutes, then allowed to escape slowly, so as to leave the sediment in the urethra. The kino must be pulverized and dusted through a fine cloth so as to free it from lumps.

Out of 18 cases treated with the above, there was not a single case in which a cure was not effected inside of 14 days after commencing treatment. Cases seen early in the attack yielded in half that time.

One case especially, that of a young married man of high social standing, consulted me on the 24th of April last; said he had noticed a slight discharge with a burning sensation in the meatus the day before. In my eagerness to try the remedy again, I prescribed the injection only, and impressed upon his mind the importance of using it promptly every two hours; he did so throughout the day and entire night. Next morning he expressed himself well. I gave him a dozen capsules and told him to write to me in two or three days; at the end of that time I received a letter from him stating that not a single symptom of the disease remained. In this case the remedy had a fair trial, and cured the disease in twenty-four hours, though as a general thing it takes a longer time. I use no internal medication until the inflammation has subsided, then a dozen or two capsules will generally suffice to clear up the urethra and remove all remaining traces of inflammation.

The advantage of this treatment over all others I have used is: 1st. The stomach is not crowded with nauseating potions, thereby interrupting digestion. 2d. It is perfectly painless, and not followed by stricture. 3d. The promptness and certainty with which it acts. In none of the cases treated did chordee become a troublesome symptom and not requiring any anodyne treatment, and after a few injections the pain, on urinating, was almost or entirely removed. In chronic cases, when other remedies had failed, it acted like a charm. Occasional coition and horseback exercise did not arrest the progress of cure. Stimulating drinks and articles of diet should be avoided.

This treatment is not original with me, but I have never seen it in any of the medical works. I would like for some of the medical brethren who have never used it to give it a trial and report through the SOUTHERN MEDICAL RECORD, and tell me if I am right in pronouncing it a specific.

THE DIFFERENTIAL DIAGNOSIS OF THE CAUSE OF SUDDEN UNCONSCIOUSNESS.

BY R. O. BEARD, M. D.

It is a matter of wonder that to a subject of such grave importance, as "The Differential Diagnosis of the Cause of Sudden Unconsciousness," so little distinctive attention has been paid, for though unconsciousness be but a *symptom* of diseased or perverted action, it is one of such vital consequence, often one of such imminent danger, that a fortunate or fatal issue frequently turns upon the pivot of the prompt diagnosis and intelligent care of the physician.

Even granting that in any given case all idea of an immediately fatal tendency is eliminated—supposing that the conditions point to nothing more serious than ordinary inebriation—it must not be forgotten that upon the doctor's diagnosis and the expression of his opinion may hinge not only his own reputation, but also the moral character of a, perhaps, hitherto innocent individual.

Mistakes of this nature have been made, even by reputable practitioners, and more than one victim has in consequence, suffered death in forced confinement, without care or treatment, and found vindication only in an autopsy which revealed an organic lesion as the cause, first of coma, and subsequently of disease.

The need of a careful study of the various causes productive of this phenomenon is thus prominent, because their differentiation is apt to be so obscure that physicians of undoubted ability have found themselves baffled.

In this paper I propose to consider only those conditions in which unconsciousness is of sudden occurrence, unattended by marked or continued prodromata, and sufficiently complete to render the patient incapable of furnishing subjective evidence or prior history. I shall endeavor to outline the distinctive symptoms observable in these cases, and as the readiest means of studying these I shall append a summarized table which may prove of some diagnostic value.

The possibility of the co-existence of two or more diseases giving rise to this condition, or of the complication of disease with accident, or *vice versa*, must always be borne in mind. Apoplexy or sunstroke may supervene in a state of acute alcoholism; cerebral congestion or embolism may be accompanied by slight hemorrhage. An apoplectic attack has been known to follow an epileptic seizure, and contusion, concussion and compression of the brain may be combined as results of severe injury.

Under the generic term of *Apoplexy*, a relic of the old-fashioned nomenclature, is grouped a class of cases almost involving coma, but with variations sufficiently distinct to indicate the differing seat and character of the causative lesion. These are, (1) cerebral congestion, (2) cerebral hemorrhage, and (3) meningeal hemorrhage. In

CEREBRAL CONGESTION

unconsciousness is rarely of primary occurrence. It is usually preceded by general hyperæmic symptoms, and only in occasional cases is the initial evidence of disturbed function. Its distinctive features are: a partial paralysis, frequently bilateral but rarely, if ever, hemiplegic, contracted pupils with feeble reaction, temperature continuously higher than normal, respiration slow and labored but lacking the stertor and peculiar expiratory puffing of the lips and cheeks observed in cerebral hemorrhage, venous distention of the face and neck, and the comparatively rapid restoration of mental and muscular power.

This condition is not unfrequently superinduced by sunstroke or alcoholic stimulation, and if prolonged may end in serous effusion and death.

The existence or non-existence of hypertrophy of the heart, as an exciting cause, should be determined, and may serve as a valuable aid in diagnosis.

The opinion held by Trousseau that so-called apoplectiform congestion is always epileptic in character is certainly untenable, not only because many of the general symptoms are essentially different, but also because an epileptic attack in which coma is as prolonged as it is in many cases of cerebral congestion must constitute the graver form of the disease and must involve convulsions so pronounced as to render mistake impossible.

CEREBRAL HEMORRHAGE,

unlike the foregoing, is always marked by sudden unconsciousness. The probable age of the patient is a question valuable in diagnosis, as hemorrhage rarely occurs before forty. The generally complete suspension of intellection, sensation, voluntary and reflex motion, the occurrence of true hemiplegia, the relation or paralysis of the sphincters, the stertorous and puffing character of the respiration, the varying temperature, the inequality and insensibility of the pupils, and the frequent lateral deviation of the eyes and head toward the non-paralyzed side, are its most important characteristics.

Those rare cases in which the *Pons Varolii* is the seat of hemorrhage are most difficult of diagnosis, because the pupils are apt to be equally contracted, the respiration lacks the characteristic stertor, and paralysis is long delayed and often di-facial. This condition is, in particular, closely simulated by opium narcosis.

MENINGEAL HEMORRHAGE,

although of rare occurrence, is a distinct cause of sudden and profound coma. Its symptoms differ little from those of cerebral hemorrhage.

A tendency to a remission and recurrence of the attack, the usual appearance of a general motor and sensory paralysis instead of hemiplegia, and the non-impairment of reflex action, are the only differential points we can observe, and whilst these may indicate an involvement of the meninges, it is not easy to determine whether the meningeal lesion is a primary one or whether it is consecutive to a cerebral hemorrhage by process of invasion.

CEREBRAL EMBOLISM

is another usual cause of sudden unconsciousness. Although possible at any age, yet the youth of a patient attacked should be regarded as presumptive evidence in favor of an embolus opposed to hemorrhage. The existence of endocarditis or of a valvular heart lesion also offers good grounds for a suspicion of embolism.

A right-sided hemiplegia generally appears because the left middle cerebral artery is the usual seat of impaction. This, with a partial loss of sensation, and the general symptoms, as detailed in the summary appended, make up its distinctive features. Erlenmeyer may be quoted as authority for the stated normality of the pupils.

Recovery is usually not long delayed, and the paralysis disappears coincidently with the return of consciousness. A complete absence of paralysis and the occurrence of a variety of epileptiform convulsions have been reported in a few cases.

CEREBRITIS

would not require mention in this connection, but that some exceptional cases are on record, in which coma has been suddenly induced by the rupture of an abscess and escape of its contained pus into the cerebral substance. In these instances slight unilateral convulsions have been noted, and the appearance of the discharge through the auditory, nasal or orbital openings, and the general evidence of inflammatory action, are sufficient diagnostic signs.

SYNCOPE

is so familiar a condition that it is quite unnecessary to enter into its description. Its consideration here is only valuable on account of its relation to other causes of unconsciousness. It is in all cases due to an arrest of function in the cerebral cortex through failure of its arterial blood supply, whether that failure is incident to a general or local anæmia, to sudden failure of the circulation, temporary arrest of the heart's action, or to extensive hemorrhage from any source.

EPILEPSY

it is equally needless to describe in detail. Its symptoms are well-known, and in ordinary cases easily recognized. After the stage of convulsive action has passed, and coma has depended, its recognition may, however, be more difficult.

The formerly livid countenance takes on a pale ashen hue; the pulse becomes feeble and irregular; temperature remains high—in some cases as high as 105° F.—the pupils contract, and frothy saliva, sometimes streaked with blood from the bitten tongue, is found upon the lips.

Paralysis is never proper to epilepsy, but it should be remembered that "a paroxysm of epilepsy may act as an exciting cause of an apoplectic seizure." A case of this kind is reported in a recent number of the New York Medical Record.

CATALEPSY

is the cause of a peculiar form of unconsciousness comparatively easy to differentiate.

Almost invariably peculiar to the female sex; paroxysmal in character; of uncertain duration and constant recurrence; and attended with remarkable muscular rigidity and contortion, it is little apt to offer any possibilities of error.

The feeble, but regular, pulse and respiration; normal temperature; dilated and sensitive pupils; open and tremulous eyelids; anæmic retina, are points worthy of remembrance.

CEREBRAL HYSTERIA,

in certain rare cases, is characterized by a sudden loss of conscious-

ness, which may continue for several hours, with slight intervals. It is almost without exception confined to women. It is not accompanied by paralysis, and involves only a partial suspension of intellection, sensation and special sense. The patient can be momentarily aroused, but suffers an immediate relapse. There is little evidence of disturbance of the circulation or respiration. Consciousness is speedily restored on the application of the cold douche.

INSOLATION,

or sunstroke, although easy of recognition by means of the presence and prevalence of its exciting cause, is obscure in its pathology. It varies, of course, in duration and intensity. In certain cases cerebral hemorrhage is induced, when paralysis and other symptoms proper to the latter appear.

The pulse always varies; the rapid and somewhat stertorous respiration is sometimes accompanied by a low moaning sound; the temperature ranges from 108° to 110° F.; the skin is peculiarly harsh and hot, and the pupils contracted and insensible. Vomiting and purging are dangerous symptoms.—*Chicago Med. Jour.*

[To be continued in September Number.]

ON CHOLERA INFANTUM.

BY W. F. HAMER, M. D.

I shall not enter into the general details of this subject, as every practitioner knows what infantile cholera is, but will simply report some cases as they have occurred in my practice.

Case I.—I was called to see M. E., aged eleven months, July 10, 1881, at 10 a. m., and found her vomiting, the bowels acting every ten minutes, the discharges being very watery; pulse 140, temperature 104°. There was considerable stupor. She was placed in a mustard bath from six to ten minutes, and afterward rubbed dry and laid in bed. The following was ordered: Iced gum-water freely as a drink alternately with sub-nit. of bismuth and saccharated pepsin, of each ten grains, given in ice-water every one or two hours. A poultice of mustard and flaxseed was placed over the abdomen and cold applications made to the head. I called at 2 p. m., and found the patient resting easy. The bowels had moved four times and there had been some vomiting; pulse 130, temperature 102½°; treatment continued. I saw her at 7 p. m.; pulse 130, temperature 102°; had vomited two or three times; bowels had acted three times since 1 o'clock. The bath was again resorted to and the following prescription was given:

R Tinct. opii deodorat. gtt. x,
 Bismuth subnit. 3 ij,
 Syrup simpl. 3 ss,
 Mist. cretæ 3 jss.

. Mix. Sig. Teaspoonful every two hours alternately with the gum-water. Iced brandy was also prescribed.

Called at 6 a. m., July 11th; patient resting easy; treatment continued. Called at 11 a. m. There had been some vomiting, but the bowels were easier; pulse 102°. The bath was again given and treatment continued. At 2 p. m. patient was resting well. At 8 p. m. pulse 130, temperature 102½°; bath again given and treatment continued.

At 7 a. m., July 12th, patient had rested well, vomited but twice during the night; the bowels had moved three times; pulse 115, temperature 100°. At 3 p. m., still improving; medicine to be given at longer intervals.

July 13th, at 8 a. m., still improving. Case discharged.

CASE II.—R. H., aged fourteen months. I first saw him on July 14th, at 3 p. m. The bowels were acting frequently and the patient had vomited several times; pulse 120, temperature 103½°; the stools were thin and watery. I ordered the following—

R Bismuth subnit. 3 ijss,
Pulv. cret. camp. c,
Opii 3 ss,
Pepsin sacch. 3 ij.

Mix and divide into ten powders. One powder to be taken every two hours in ice-water alternately with gum-water. A poultice of flaxseed and mustard was applied over the abdomen, moistened with an infusion of hops. Cold applications were made to the head.

At 9 p. m. pulse 130, temperature 104°. A mustard bath was given and iced brandy ordered to be given alternately with the powders.

At 6 a. m., the 15th, the bowels were easier, but the patient had vomited three or four times; pulse 120, temperature 102°. Treatment continued. At 1 p. m. resting at ease. At 7 p. m. pulse 115, temperature 101°; the bowels had moved three times since my last visit; patient had vomited once.

At 8 a. m., July 16th, still improving. Case discharged.

CASE III.—Z. E., aged sixteen months. I visited him on July 17th, and learned from the parents that previous to my call he had had simple diarrhoea for a week or more. At the time of visit the vomiting was persistent, the bowels acting at short intervals; stools very watery and in considerable quantity at each passage; pulse 130, temperature 104°; patient very restless. During this visit the patient was seized with a convulsion, which lasted about twenty minutes. The mustard bath was given and the following prescribed—

R Potas. brom. 3 ij,
Aquæ menth. pip. 3 ss,
Aquæ destil. 3 jss.

Mix. A teaspoonful every twenty minutes until quiet is restored. A poultice of mustard and flaxseed was applied over the whole abdomen, and as soon as he became quiet the following prescription was given:

R Bismuth subnit } aa gr. xij,
 Pepsin sacch..... }

In ice-water, to be repeated every two hours. Cold applications to the head were also ordered.

At 5 p. m. the patient was easy; pulse 120, temperature 102°. Bath again given and treatment continued.

I saw him again at 7 a. m. the 18th. He had vomited some three or four times, and the bowels had moved four times; pulse 115, temperature 101°; treatment continued. At 1 p. m. bowels were acting more frequently and the vomiting continued. The bath was again resorted to and the following was prescribed :

R Bismuth subnit..... } aa gr. xij
 Pepsin sacch..... }
 Pulv. Dover..... gr. ss.

Mix. To be given in ice-water every two hours; also iced gum-water alternately. At 8 p. m. the patient was resting well; he had vomited twice and the bowels had acted three times; pulse 115, temperature 101½°. Treatment continued.

At 7 a. m., July 19th, I found that his bowels had moved but three times during the night, and that he had vomited once; pulse 110, temperature 100°; treatment continued. Saw him at 5 p. m., he was still improving, and I discharged the case.

CASE IV.—On August 13th, at 2 o'clock a. m., I was called in haste to see H. R., aged fifteen months. I found him in a violent convulsion, which lasted about thirty minutes; bowels acting very freely, and there was much vomiting. I gave chloroform by inhalation and had a large mustard poultice applied over the bowels, with smaller ones around the wrists and ankles. The convulsion being under control, he was put upon the following :

R Potass. brom..... 3 ij,
 Aquæ menth. pip..... 3 ss,
 Aquæ destil..... 3 jss.

Mix. A teaspoonful in ice-water every thirty minutes until the patient becomes quiet.

The bismuth and pepsin, as prescribed in the other cases, were given every hour or two in ice-water. Cold applications to the head were also made. At 8 a. m. there was some vomiting, but the bowels were easier. The potass. bromide mixture was ordered to be given every two or three hours with iced gum-water and brandy, and pepsin and bismuth every hour or two.

At 1 p. m. the patient was easy; treatment continued. At 8 p. m. had vomited but twice since my last visit; his bowels had acted four times.

August 14th, 7 a. m., he had rested well during the night; treatment continued. At 5 p. m patient still improving. I ordered the medicine to be given at longer intervals, and on the next day discharged the case.—*Louisville Med. News.*

HYDROCYANATE OF IRON IN THE TREATMENT OF NEURALGIA.

BY CHAS. K. GARDNER, M. D., LAURINBURG, N. C.

For several months prior to my experience of the therapeutic effect of the above agent in the treatment of this malady, my attention was directed to an interesting article published in the American Medical Bi-Weekly, Vol. XIII, No. 9, lauding its efficacy, and without a previous knowledge of the medicine, it being non-official, I determined its trial in my next case of neuralgia.

Mrs. R., æt. 47, generally anæmic, with every existing symptom of phthisis, had long been an extreme sufferer of periodical attacks of neuralgia, often of a week's duration, always supervening upon the slightest meteorologic change. These exacerbations continued throughout the period of inclemency, with but trivial amelioration, despite the myriads of domestic remedies considered so potent for relief among the non-professional. As ascertained, no physician had been consulted for several years, all attempts at cure having proved futile; and had there not been an aggravated condition of the pulmonary symptoms, the result of undue exposure, cough, slight pain on respiration, etc., my presence at the bedside, in the patient's estimation, would have been unnecessary, for she had long since abandoned the assistance art endeavored to afford in the treatment of her obstinate case; and on making inquiry upon which to base my diagnosis, I was told, that although suffering with neuralgic pains of the head and face, my presence was desired only to afford relief to the pulmonary symptoms, the former being of such frequent recurrence, and from which she had so long suffered, that all treatment had proven futile, being almost content to endure the pangs of torture awaiting a spontaneous recovery.

For the lung symptoms I only prescribed an anodyne cough mixture, using upon the thorax oleum tigllii to pustulation. My attention was then transferred to the neuralgic lesion. The pain radiated from the anterior aspect of the right ear across the cheek, involving the globe of the eye and upper lid; the auriculo-temporal branch of the inferior maxillary and the ophthalmic branch divisions of the fifth pair of nerves being evidently involved. Assuring my patient of the much hope I entertained of her recovery, and having preceded my treatment by mild catharsis, I ordered the following:

R	Ferri hydrocyanatis,.....	} aa 3 ss
	Quiniæ sulph.	
	Strychniæ.....	gr. ss,
	Ext. belladonnæ.....	gr. v,
	Ext. gentianæ.....	q. s.

M. Ft. pil. No. xxx.

Sig. One before each meal.

The next evening I visited the patient, four pills having been taken. Found a decided improvement; pain ameliorated; patient

unusually quiescent, with a tendency to sleep. This treatment was pursued until there was a final disappearance of the neuralgia, which, despite its periodic nature during inclement weather, did not return. eighty pills, or the part of three prescriptions, having effected a cure. During this course of treatment, no untoward symptoms resulted from the sedative or depressing influence of the hydrocyanate, the appetite being increased, and digestion more vigorous under its tonic properties.

In conclusion, this valuable medicine should receive its merited encomium, by being consigned to the physician's armamentarium as potent for the relief of this painful disease.—*Southern Clinic.*

REMEDIES FOR SLEEPLESSNESS.

BY W. E. GREEN, M. R. C. S., ENG.

Alcohol is of great value in producing sleep. Its first effect is to relieve the mind of sad and gloomy thoughts; its second is that of quickening the action of the heart, which it does by producing vasomotor paralysis. This is a most valuable remedy for the sleeplessness of old people, and of those who suffer from cold extremities after going to bed. Brom pot. Its special advantage lies in its utility where cerebral activity is kept up by far away peripheral irritation, especially where this is connected with the pelvic organs. It may either be given alone, with opium, or choral. It increases the effect of balladonna, hyoscyamus, Indian hemp, ether and chloroform. Its constant use leads to diminished brain activity, and to intellectual lethargy. Cannibis indica produces a pleasing and refreshing sleep, but is so uncertain in its action that it is not much used, and moreover, often requires to be given in very large doses; eight grains being sometimes necessary. Chloral is useful in conditions of vascular excitement, either alone or combined with opium; in all cases of sustained high blood pressure, or where there is distinct pyrexia, it is the most useful remedy. It should not be given in cases where the sleeplessness is caused by worry or brain exhaustion. Where sleeplessness is owing to pain it is inferior to most hypnotics. Croton chloral is more serviceable in cases when pain is combined with the insomnia, but it is necessary to give it in large doses (3 i.). Hyoscyamus and lupulin take rank with opium, and are serviceable where this drug or its alkaloids disagree. They are both most useful in cases of albuminuria when chloral cannot be taken. Ether and chloroform in full doses are sometimes of use, as is also a solution of nitro-glycerine, which may be given as a substitute for alcohol. Opium, with its alkaloids, is one of the most useful hypnotics, and especially in those conditions which are associated with pain. When vascular excitement exists, it is better combined with tartar emetic, aconite, or other remedies which depress the circulation. The time for giving it should be carefully chosen, the best being that at which the patient is naturally inclined for repose. It should never be given in cases of chronic insomnia, unassociated with other notable disease.—*Birmingham Med. Rev.—N. Y. Med. Abs.*

ABSTRACTS AND GLEANINGS.

Hot Water in Therapeutics.—Dr. Douglas Morton, A. M., M. D., of Louisville, Ky., in Medical News, says:*

The use of hot water in the practice of gynecology has come to occupy so important a place as to make it hard for us to realize, looking back, that we could do without it; and although my own experience of its value in this department corresponds in the fullest degree with that of others, I yet wish to assert emphatically that in certain therapeutic applications its value appears to be even greater.

Several years ago I learned in my own personal experience that no agent relieves nausea and vomiting so satisfactorily and promptly as water as hot as can be drank. Since then I have used it in a large number of cases, and no remedy that I ever administered in any condition has proved more uniformly reliable. I have preserved records of many of these cases, but to transcribe them here would prolong this paper to a tedious length. I make, therefore, the following classification:

1. Cases in which nausea and vomiting occurred at the onset or during the course of acute febrile disease.
2. Cases in which these symptoms were caused by overloading the stomach when its functions had been impaired by protracted disease.
3. Cases in which they were produced by nauseous medicines (not emetics) at the time they were taken.
4. Cases of acute gastritis caused by the ingestion of irritants.
5. Cases in which these symptoms were purely reflex.
6. Cases of chronic gastritis.
7. Cases of colic in newly-born infants.
8. Cases of flatulent distention of the stomach in adults.

Class 1 contains a number of cases in which the value of hot water was most strikingly illustrated. Among them is a case of diphtheria and one of puerperal septicemia.

I might include also a case of tuberculosis in which the stress of the disease fell on the digestive apparatus. In each of these a half glass of hot water always gave prompt relief when every other remedy had failed.

Of all, however, the cases in which the use of this remedy seemed to produce the most impressive and the most permanently beneficial results were those of cholera infantum. In these it would often happen that hot water would not only itself be retained when absolutely everything else was rejected, but would immediately render the stomach tolerant of food. Taking advantage of this effect, my manner of using it is to give a few teaspoonfuls as often as it is necessary to administer food, and, immediate-

* Read before the Louisville, Ky., Medico-Chirurgical Society, Aug. 4, 1882.

ly afterward, while the stomach is fully under its sedative influence, to give food in small quantities. I have seen a number of children get well whose recovery I am confident was due solely to this treatment.

In class 3 there are cases in which the stomach had rejected all medicines for many hours together, but retained them readily when given in hot water as a vehicle.

In class 4, a victim of alcoholism, after a prolonged debauch, during which an enormous quantity of whisky had been drunk, had reached a point at which the stomach would no longer tolerate whisky or anything else. Hot water was given and retained, and the stomach rendered tolerant of food immediately.

In class 5 the patients were the subjects of vomiting in pregnancy. The effect produced in these cases was much less satisfactory than in others, yet sufficiently favorable to justify the positive statement that hot water is a remedy of considerable value.

Concerning classes 6, 7 and 8, which include cases of patients who were the subjects of various manifestations of indigestion, it suffices to make the general statement that the administration of hot water constituted a very important part of their management, and was followed almost invariably by good results. In the treatment of dyspepsia my rule is to order hot water in every case, to be taken before each meal, and as often at other times as suits the patient's convenience. I have found that this draught before meals causes a discharge of any undue amount of gas in the stomach by eructation. One of my dyspeptic patients told me that whenever he took food his stomach was distended by the gaseous products that came from the imperfect digestion of his last meal as to be incapable of getting the proper "grip" upon what he ate. This gentleman thinks that hot water did more toward curing him than any of the many remedies he had tried. It affords relief in the same manner to young infants who suffer from colic, and I rarely have occasion to prescribe anything else for them.

In the case of another dyspeptic, who is the victim of gout also, attacks of indigestion were accompanied by very distressing palpitation of the heart. I saw this patient once during an attack which happened at night, and she was in a sad plight indeed. Her heart was beating with an irregularity of force and of rhythm such as I had never seen before, and a horrible sense of impending dissolution made sleep impossible. I asked her to drink a large quantity of tepid water, hoping it would cause her to throw up the contents of her stomach. The water brought, however, was decidedly hot; but she drank it, and almost instantaneously the palpitation was relieved, and in a surprisingly short time, she passed into a tranquil sleep.

The Bromides.—The combinations of bromine occupy the prominent position which they do in modern medicine because of their influence over the nerve centres, whether through influencing their vascular supply or through some direct influence on the tissue itself, or through a combination of such action is not yet positively known. But through their *modus operandi* may not

have been definitely determined, the fact nevertheless stands out that in the treatment of affections of the nervous system this class of remedies occupies a prominence not accorded any other drug in the *pharmacoœia*. It has largely supplanted opium in the treatment of nervous diseases, and is almost as indispensable in this direction as is quinine in the treatment of the effects of malaria.

In view of this extensive applicability it becomes important to know the methods, if there is a difference in methods, of its administration. That a variety of results may be secured through various methods of its exhibition scarcely admits of a doubt, and we have been much interested in an article on this division of the subject which appeared from the pen of Dr. Geo. M. Beard in the July, 1881, issue of the *Journal of Mental and Nervous Diseases*. The article calls attention to the fact that the bromides are by no means innocent agents or incapable of mischief, and that to secure their effects they must be intelligently prescribed and with circumspection. Much mischief has resulted from their routine administration:

Dr. Beard has submitted a number of propositions bearing on this question of the bromides, which are of much practical importance:

First. The object of using the bromides is usually to produce a definite effect—bromization, in a greater or lesser degree. Bromization acts therapeutically through being itself a disease, which operating on the tissues involved renders them less susceptible to our disturbing causes. It is of different degrees, varying from very mild sedation to profound stupor and even death, for the bromides may be pushed to the extinction of life:

Secondly. Differences in the degrees of individual susceptibility render it impossible to specify the quantity of the drug necessary to bromization. In those nervous affections in which it is necessary to induce a profound impression, as in epilepsy for instance, the remedy must be pushed until the effect is secured, and that regardless of the dose specified in the books.

Thirdly. When it is necessary to create a profound impression, care must be taken not to continue it too long. This rule does not apply with so much force in epilepsy and epileptiform affections. In any case it is not safe to give large doses unless the patient can be held sufficiently under observation to have the effects noted.

Fourthly. When the affections for which they are given render necessary the continued use of the bromides, they should be combined with tonics. This has been long understood in the treatment of epilepsy, but it is not less necessary in other affections.

Fifthly. It is an advantage to combine a number of the bromides, and Dr. Beard gives preference to the following: Bromide of potassium, which contains 68 per cent. of bromine; bromide of calcium, containing 80 per cent.; bromide of sodium, containing 80 per cent.; bromide of ammonium, containing 81 per cent., and bromide of lithium, which contains 92 per cent. of bromine. Bromide of sodium has the advantage of being less liable to cause

gastric irritation. The bromide of camphor, bromhydric acid, bromide of quinine, bromide of zinc and bromide of iron are also eligible combinations, and may, under certain circumstances, be substituted for those of the primary list.

Sixthly. There are persons who, although they may not have epilepsy or be subject to epileptoid conditions, find it necessary to continue in the use of the bromides to overcome or obviate attacks of nervous perturbation.

The condition of the circulation in the various parts affected must be considered in discussing the applicability of the bromides. It is the general conception that they act by creating an anæmia of the brain and cord, but Dr. Beard is of the opinion that they exert an influence sui generis. While they are not so markedly valuable in an anæmic condition they may nevertheless be given with benefit for a limited time in cases in which their employment would seem to be indicated regardless of the blood supply. In such cases, however, their use should not be long continued. They doubtless relieve passive congestions of the nerve centres, and through this same property it would seem that they should aggravate the anæmic condition.

There is a large field for the employment of the bromides in modern practice, and the propositions here given will assist the reader to an intelligent appreciation of their nature and the cases demanding their temporary and continued use.—*Ther. Gaz.*

Koch at the German Congress for Internal Medicine.—

At the Congress for Internal Medicine, recently held at Weisbaden, Dr. Koch presented microscopic sections showing his tubercle bacillus. He also described his work, and announced again his conclusions.

The ensuing discussion was somewhat disappointing, owing, no doubt, to the fact that no one had time or opportunity to repeat Dr. Koch's experiments.

Drs. Aufrecht and Klebs accepted the demonstrations of Koch. The former even went so far as to assume that the centre of true miliary tubercles is filled, not with degenerated cells, but with micro-organisms, partly rod-bacteria, partly micrococci. Aufrecht had seen the organisms in tubercle like those found by Baumgarten as well as by Koch. Professor Klebs said that he had for some years occupied himself with the question of the infectiousness of tuberculosis, and he had tried to discover a disease-bearing organism. He was gratified at Koch's success, but warned him of the severe attacks his views would have to encounter.

Dr. Seitz asked some pertinent questions with regard to how Koch would explain, on his theory, the existence of hereditary phthisis, and of the frequent occurrence of phthisis in certain diseases, *e. g.*, diabetes.

Dr. Ruhle followed with a similar inquiry, and said that even if Koch's facts regarding inoculation of the tubercular bacilli were correct, the etiology of human phthisis would yet be unsolved.

Koch replied to these gentlemen, and, as his answer contains a very clear statement of his views, we give it quite fully.

It is, he said, a well-known fact that the development of micro-organisms is greatly influenced by the character of their nutritive media. Human bodies do not always offer equally good nurture ground for pathogenic bacteria. Some persons may, while most do not, inherit a system which is well calculated for the development of the tubercular bacilli. These former are the hereditarily disposed to phthisis. The distinction between phthisis and miliary tuberculosis must, said the speaker, fall to the ground. For such distinction only depends upon the mode and amount of bacilli infection. In acute miliary tuberculosis large numbers of the pathogenic organisms are poured into the blood. In phthisis, however, only one or a few get into the lungs. Thus in the lower animals, when a very few tubercular organisms are inoculated in the anterior chamber of the eye, there is a slow and perhaps local tuberculous infection. If large numbers, however, are inoculated, the animal soon dies of a general tubereulosis.

The above account includes the most important part of the debate, which afterward drifted off into a discussion regarding phthisis in children.

It will be seen that our German brethren take Dr. Koch's discovery calmly, and are not as yet inclined to consider it an epoch-making affair. By Dr. Koch's own explanation it is shown that the existence and infective power of a bacillus does not solve entirely the problem of the etiology of phthisis. This bacillus only grows upon suitable ground, *i. e.*, in the phthisically predisposed. We have yet to find exactly what constitutes or brings about this peculiar predisposition. Again, according to these experiments the inoculation of the bacillus always produces tuberculosis in lower animals. Must we infer, therefore, that lower animals are always predisposed? We shall be very glad to find that Koch's conclusions are justified by further studies and experiments. But the evidence at present calls for much caution in interpreting their significance.—*N. Y. Med. Record.*

New Method of Inducing Sleep.—A French writer, according to the Cincinnati Lancet, says that if the eyelids be closed and opened as fast as possible twenty or thirty times, an irresistible inclination to sleep will follow in a few seconds. The plan is best adapted to insomnia from nerve troubles. We have tried it with some advantage, but not so much as the statement implies. The point to be gained by men of busy heads in order to induce sleep, is to divert the current of cerebral action away from all exciting and disturbing thought. This may be done by any one of a thousand expedients which have been contrived, to occupy the attention by some trivial exercise of memory or imagination which will crowd out the perturbing themes and substitute others neither exciting nor disagreeable. Such are the counting of an imaginary flock of sheep jumping one by one over a fence; counting the vibrations of an imaginary pendulum; counting your own respirations, giving one or two to each inspiration and each expiration; counting a hundred backwards; repeating the alphabet backwards; calling to mind all the names of persons beginning with

the several letters of the alphabet, etc. This plan may be utilized by applying it to geography, history, biography, botany, and other branches of knowledge; recalling as far as possible all names of rivers, or cities, or lakes beginning with A, then B, and so forth; or the names of distinguished men in like manner, or of plants. A medical student or a physician might trace the arteries or nerves, or recount the bones of the skeleton, if he desire a very dry and sleepy subject. All these exercises wear out in time and must be changed and newly contrived ones substituted, for there is no limit to their range. Mental recitations of poetry or prose may be resorted to. There are also mechanical methods of overcoming insomnia, particularly if the "fidgets" be present. Such are getting out of bed and applying the flesh brush freely; friction with a coarse and wet towel. Franklin used to take what he called an air bath, stripping himself completely and walking back and forth over the floor briskly. Some mechanical methods act indirectly on the brain, as the opening and closing of the eyes above mentioned. Dr. Hartshorne's method of inducing anæsthesia by rapid breathing may furnish some hints in this direction. Most persons have felt the effect on the head of blowing at a fire with the mouth and lungs—what dizziness and approach to unconsciousness it induces. Similar movements favor sleep. We have often induced sleep by a few exhalations and inhalations, both as complete as possible. It is singular how long the lungs will remain quiescent after these forced movements, before the call for oxygen renews the normal action of the respiratory muscles.—*Pacific Med. Jour.*

Vesico Vaginal Fistula.—Dr. Muscroft has recently devised and performed a new operation for closing the vulva in incurable cases of vesico-vaginal fistula. The patient upon whom the operation was performed was a primipara twenty-three years of age, who had been delivered of a dead child after a severe labor of three days' duration. The result had been a vesico-vaginal fistula, and separation of the urethra from the bladder. The vagina was much contracted, and the buttocks and thighs were excoriated by the action of the urine. General treatment and bougies were tried for some time, and after the lapse of nearly a year from her entrance into the hospital, where she came under the author's notice, an unsuccessful attempt was made to attach the remnant of the urethra to the bladder, which was followed by further sloughing of the urethra. About four months later, as her condition was unimproved, the author decided to close the vulva, leaving an orifice for the escape of the urine at its posterior commissure. The anæsthetic used was chloroform. The mucous membrane was removed from the labia majora, the clitoris and the nymphæ were excised, and the opening was closed with five sutures of polished annealed steel wire. The thighs were bound together, and a solution of sulphate of iron, of the strength of half a drachm to a pint of water, was applied externally by compresses, and injected into the vaginal and pelvic cavity. The sutures, with the exception of the one nearest the outlet, were allowed to ulcerate away. The urine escaped constantly for a time, but by degrees the opening

contracted, and the patient began to have control of the urinary discharge. When she was discharged from the hospital she had retentive power for two hours at a time. The clitoris was removed because the operation was thought to be *neater* by this procedure, and more likely to succeed, and because it might have a tendency, to repress venereal desire. The patient's general health was very good when she was allowed to go home.

[The paper of which the foregoing is an abstract, was read before the Cincinnati Academy of Medicine, and called forth some deservedly adverse criticism. It is a step backward to resort to mutilations like this, in view of the careful and successful operations of Emmet, Bozeman, and others, in the worst possible cases of fistula.]—*N. Y. Med. Journal.*

How to Count a Rapid Pulse.—Dr. Abbott, in N.Y. Medical Record, says: I notice an item referring to a statement by Prof. Pribram, that "he had a case of 'vagus neurosis' in which the pulse reached three hundred beats per minute." In the context is an inference that such a pulse cannot be counted. In 1870, while experimenting upon the action of alcohol on birds, I found myself unable to count the rate of the heart's action by the usual method when the contractions were over two hundred and forty per minute (the heart's action is very distinct in birds). By the following simple method I was able to count to two hundred and eighty without difficulty: During a definite part of a minute, one-fourth usually, with a common lead pencil, dots were made upon a sheet of paper synchronous with the heart-beats, as heard over the cardiac region. The dots were then counted, and the number calculated for the whole minute. A pulse of four hundred could be taken in this way, provided each pulsation were distinct enough to be discriminated by the touch. The indistinctness of the separate pulsations of the heart alone fixes the limit to the use of this method, as the human hand is capable of making intelligently and with accuracy, at the rate of four hundred and fifty dots per minute, for thirty seconds, which rate is probably beyond not only that of the human heart, but also of the pulse of any of the lower animals available for experiment. I have had a sufficient experience with this method to know that it is of practical value, especially with children.

I have been astonished at the actual rapidity of the heart's action, in a few cases which I should have considered as beyond counting by any other method. All who have used the sphygmograph know how difficult it is to get a tracing when the heart is beating to one hundred and forty even; so that this instrument, to say nothing of the fact of its expense and inconvenience, is not nearly so well adapted to the taking of a very high pulse as even the simple finger and watch method. By the method described above, all movements, whether of the body or not, that can be seen, felt or heard, can be counted up to four or five hundred per minute, provided they are sufficiently distinct to be discriminated. Fortunately, the appliances are always at hand, and their use so

simple, and at the same time so accurate, that it need never be said that a pulse is "too rapid" for counting.

Sunstroke.—The New York City Board of health has issued the following circular on the prevention of sunstroke, which we reprint for the benefit of our readers:

Sunstroke is caused by excessive heat, and especially if the weather is "muggy." It is more apt to occur on the second, third or fourth day of a heated term than on the first. Loss of sleep, worry, excitement, close sleeping-rooms, debility, abuse of stimulants, predispose to it. It is more apt to attack those working in the sun, and especially between the hours of eleven o'clock in the morning and four o'clock in the afternoon. On hot days wear thin clothing. Have as cool sleeping-rooms as possible. Avoid loss of sleep and all unnecessary fatigue. If working indoors and where there is artificial heat (laundries, etc.), see that the room is well ventilated.

If working in the sun, wear a light hat (not black, as it absorbs the heat), straw, etc., and put inside of it, on the head, a wet cloth or a large green leaf; frequently lift the hat from the head, and see that the cloth is wet. Do not check perspiration, but drink what water you need to keep it up, as perspiration prevents the body from being overheated. Have, whenever possible, an additional shade, as a thin umbrella when walking, a canvass or board cover while working in the sun. When much fatigued, do not go to work, but be excused from work, especially after eleven o'clock in the morning on very hot days, if the work is in the sun. If a feeling of fatigue, dizziness, headache or exhaustion occurs, cease work immediately, lie down in a shady and cool place, apply cold cloths to and pour cold water over head and neck. If any one is overcome by the heat, send immediately for the nearest good physician. While waiting for the physician, give the person cool drinks of water or cold black tea or cold coffee, if able to swallow. If the skin is hot and dry, sponge with or pour cold water over the body and limbs, and apply to the head pounded ice wrapped in a towel or other cloth. If there is no ice at hand, keep a cold cloth on the head, and pour cold water on it, as well as on the body.

If the person is pale, very faint, and pulse feeble, let him inhale ammonia for a few seconds, or give him a teaspoonful of aromatic spirits of ammonia in two tablespoonfuls of water with a little sugar.—*Four. Chem.*

Where is a Man's Stomach?—One would suppose that by this time the position of the human stomach should have been definitely settled by physiologists, but according to Dr. Leshaft, Professor of Anatomy at St. Petersburg, the statements on this point in the text-books are erroneous. The Lancet gives the following summary of his conclusions, based on careful observations upon more than twelve hundred bodies:

The stomach does not, as is usually asserted, lie horizontally in the abdominal cavity, but vertically, so that the fundus touches the

diaphragm; the smaller curvature and pylorus are to the right, and the larger curvature is to the left. Its position is in the left hypochondrium, and the situation of the pylorus is in the vertical line formed by a continuation of the right margin of the sternum. If the stomach is enlarged, no one part can be alone displaced, but all parts are equally moved by the distention. The arrangement of the muscular fibres of the stomach is such that food entering it is moved toward the pylorus, where it can be most thoroughly mixed with the gastric juices, and in them passes back along the centre of the cavity to the fundus, where the resistance is least. This movement of the food along the wall to the pylorus, and back again along the centre is rendered possible by the form of the organ, and it is probable that it is to this movement that the peculiar shape of the fundus is due. As is well known, the fundus is absent in newly-born children. Thus the shape of the stomach determines the long retention of food in the organ for the purposes of digestion, and its slow passage through the pylorus. If the transverse colon is distended with gas, it may rise to the left of the stomach as high as the fourth intercostal space, and even as high as the fourth rib. If the coils of the small intestine are similarly distended, the lower part of the stomach may be pressed forward, and the stomach may assume a more oblique position. Even a large stomach, accustomed to dietetic repletion, maintains a vertical position, but the pylorus is moved a little upward and to the right.—*Four. Chem.*

Elixir Iodo.—Dr. O. Millard, of Flint, Michigan, says: Under the name of "Elixir Iodo," said to be a chemical compound and patented in July, 1882, we were struck with the utter inconsistency of the specification and claim of the patent, and also disgusted with the loose way in which that portion of the patent office at Washington pertaining to chemistry is run. Henry A. Tilden, in his specification states that the iodide and bromide produced, are combined with chloride of calcium, and is based upon certain reciprocal chemical equivalents; and further on, in the same specification, he states that he does not limit himself to the precise proportion of the iodide, bromide or chloride.

If the compound was based upon the known laws of chemistry and upon certain reciprocal chemical equivalents, it would be impossible to change their proportions *ad libitum*.

The real fact of the matter is that Mr. Tilden exposes his ignorance of chemical law in the specification, which in itself is *prima facie* evidence that no chemical compound of the kind has been discovered, but in its stead a mixture, such as any physician might chance to make in a single prescription at any time. The gentleman states that he has invented a new and useful "chemical compound." Isn't that cheek? *I invented!*

The first man who made a barrel of common salt (chloride of sodium) by evaporation must have invented the same chemical mixture if he made the salt at Saginaw.

The "Iodo" is not a chemical compound any farther than the individual salts are concerned; taken as a whole it is a *mixture* of

chemicals. Iodide and bromide of calcium, iodide and bromide of magnesium do not unite chemically with chloride of calcium, and the amount of cheek necessary to make the claim staggers us.—*Therapeutic Gazette*.

Digestive Wine.—Professor Schmitt, Lille, offers to supply a formula for a digestive wine, equal, if not superior, to the most vaunted products (L'Union Pharm., November, 1880). He recommends pharmacists to make their own pepsin. He advises that the rennet solution, after the preliminary treatment of the Codex, should be treated with a mixture of sulphate and phosphate of soda instead of hydro-sulphuric acid, as those salts, in excess even, are rather likely to be of advantage than otherwise. This solution should be evaporated in a sand-bath to the consistence of a firm extract. In this he incorporates 10 per cent of the purest glycerine. This will keep soft, and this he calls *pepsin extractive*.

Next he takes malt and crushes in a linseed mill or in a marble mortar, macerates it for 24 hours with ten times its weight of cold water, and afterwards presses through linen. Strong alcohol is to be added to the liquid until 45° is marked on the centesimal alcoholmeter. The liquid becomes turbid, and yields a considerable precipitate. After standing for another 24 hours the liquid is filtered, and alcohol is again added until 66° is marked. After standing another 24 hours the liquid is to be carefully decanted, and may be distilled for the recovery of the alcohol. The muddy precipitate deposited is to be evaporated to a firm consistence, 10 per cent. of glycerine is to be added, and a maltine extractive is obtained.

For the preparation of a wine of pepsin and diastase of maltine, take—

	Grammes.
Pepsine extractive.....	5 50
Maltine extractive.....	5 50
Common salt.....	5 00
Good brandy.....	45 00
Old Chablis wine.....	400 00
Grenache wine.....	500 00

Each teaspoonful of this wine would contain about 20 centigrammes of digestive ferments.—*Monthly Review*.

Two Hundred and Fifty Cases of Malaria Treated with the Tincture of Iodine.—Dr. Robert B. Morison, in Maryland Medical Journal, says: The use of iodine in the treatment of intermittent fever is by no means new.

Stille and Maisch, in their dispensatory, under the head of iodine and its uses, say: "In intermittent fever iodine displays decidedly curative virtues, both in tropical malarial regions and in those of temperate zones. The tincture has been given in doses of from five to fifteen minims largely diluted."

So successful have we been with iodine we always order it now

in intermittent fever of the acute sort. We give it to pregnant or nursing women; we give it where there is diarrhoea or constipation, and we have only heard, out of these 250 cases, from 2 where the chills have not been controlled by it. The dose is a pleasant one, and the opinion of the patients is decidedly in favor of taking it instead of the bitter malarial mixture. In only one case was nausea caused by it. In this case the dose was decreased to one-half the regular dose and a cure effected. We had no case of iodism, nor did we discover any albuminuria. The patients, as is natural after an acute disease, generally need a tonic, and this we always order in the form of iron or one of the bitters.

In conclusion, I will say, the treatment is an established fact at the dispensary, and is carried out by the experience of others elsewhere and in private practice. Dr. Hoffman has tried it at the jail with success and is, after having seen it so often given, quite as much convinced as I am of its efficacy.

Lutidine as an Antidote for Strychnia.—Messrs. Greville Williams and Waters have discovered (British Medical Journal) an antidote for strychnia in the organic base, first prepared by the former, by distilling cinchona with caustic potash, and to which he assigned the name *beta* lutidine. Having ascertained, by experiments upon frogs, that *beta* lutidine causes a distinct increase in the tonicity of both cardiac and voluntary muscular tissues; also retardation of the heart's beat; that it arrests the inhibitory power of the vagus; and that by its action upon the nerve-cells of the spinal cord, it, in the first place, lengthens the time of reflex action, and then arrests that function; they proceeded to test its direct counter-action to strychnia. The brains of frogs were destroyed in the usual way. An animal was then treated with *beta* lutidine till reflex action disappeared, when the subsequent administration of strychnia was not followed by the usual results. To another frog strychnia was given till strychnia tetanus was produced, when it was found that the subsequent administration of lutidine caused the tetanus to pass off. The almost simultaneous administration of the two bases was not followed by tetanus. It is not unlikely that a substance so powerful will have some positive therapeutical value.—*N. Y. Med. Record.*

Criteria of Insanity.—One of the pupils of Esquirol asked his teacher to furnish him with a sure criterion for distinguishing the limit that separates reason from insanity. The next day Esquirol invited to dinner his pupil and two individuals, one of whom was most correct in his appearance and in his language, while the other was very loquacious, full of himself, and of his future. When taking leave the pupil reminded his master of the criterion which he asked of him on the previous evening. "Answer the question for yourself," said Esquirol. "You have just taken dinner with a madman and a sane individual." "Oh," answered the pupil, "the problem is not difficult; the sane man was that distinguished and well-informed man; as to the other, he was a chatterer and a fool who ought really to be shut up." "Ah," replied

Enquirol, "you are making a great mistake; the one you took to be so very wise, believes himself to be God the Father, and affects in his manners the reserve and dignity which he believes belong to his position; he is a patient at Charenton. As to the young man whom you took to be a fool, in him you see one of the most illustrious of French authoors—he is M. Honore de Balzac.—*British Med. Jour.*

Bacilli in Tubercle.—*Lance:* On May 8th, Messrs. Watson, Cheyne & Nelson, in the Pathological Laboratory at King's College, demonstrated the bacilli in tubercle which have recently caused so much excitement in medical circles. Dr. Goltdammer—Dr. Koch's private assistant—has brought over to England several specimens of bacilli prepared by Dr. Koch, and these were submitted for the first time to the inspection and criticism of English pathologists. In addition to bacilli in tubercle, those of leprosy, of septicemia, and of erysipelatous inflammation, the bacillus anthracis was shown. Among the pathologists present were Mr. Liater, Drs. Wilks, Payne, Pye-Smith, Beale, etc., and altogether about seventy gentlemen minutely examined the specimens. There can be no doubt whatever as to the presence of the organisms in tubercle-formations and in the diseases referred to, although their exact significance may still be questioned. Dr. Goltdammer also showed a test-tube in which the tubercle-virus was being cultivated in blood-serum. The same specimens were also exhibited at the soiree of the Royal Society on the 10th inst., and attracted a large amount of attention from the biologists as well as from the physicians and surgeons who were present.—*Mich. Med. News.*

Calabar Bean in Obstinate Constipation.—We notice a report of the efficacy of calabar bean in the Berlin Klin. Wochenschrift which illustrates the process of reasoning based on a knowledge of the physiological action of drugs. It is known that calabar bean produces tetanus of the intestinal muscular coats in animals, and hence will bring about the forcible expulsion of the contents of the intestines. Dr. Shæter has on this ground employed it in obstinate constipation depending on atony of the muscular coats, such as is often observed in women, and in old men. The results justified his expectations, for severe cases have yielded in less than 24 hours after administration of the drug. He employs a solution of the following formula: Extracti physostigmatis, 605 grm.; glycerini, 1000 grms. Six drops every three hours during the day. The editor would suggest the combination of this agent with cascara sagrada in those cases where that drug does not produce sufficient peristaltic action. Such a combination might prove of advantage by securing in addition to the action of the calabar bean the peculiar stimulating action on the secretory organs connected with the alimentary canal which has made so much deserved reputation for the bark of the rhubarb purshiana.—*Pike's*

Agaricus in the Treatment of Night-Sweating.—Dr. Wolfenden finds that agaric yields excellent results when given in

doses of 1-70 of a grain. It is, however, a dangerous drug to use, on account of its poisonous properties. Dr. Wolfenden therefore prefers to employ agaricus, which is of equal value to atropia, while it is quite harmless, since ten grains too much or too little produce no toxic effects. Agaricus is a light, bulky, brown powder, of very bitter taste, and is best administered in the form of confection, with a little jam. Twenty grains are usually quite sufficient given at bed time, though thirty grains may be necessary to check the sweating completely, the only inconvenience attending the administration of large doses being the great quantity of the powder. Patients, however, make no objection to the bitter taste, etc., when they find how much benefit they receive from its use. Dr. Wolfenden has administered it in nearly forty cases of phthisis with complete success. The only ill effects which have been noticed are, first sickness, which stops on elimination of the dose; secondly, diarrhœa, which can be averted by combination with one or two grains of Dover's powder.—*Glasgow, Md., Journal.*

Congress of German Surgeons.—Among the subjects discussed by this Congress during its meeting in Berlin last June were the treatment of wounds and the possibility of finding a dressing which shall possess both disinfectant and absorbent properties. Charcoal, sand, and "glass wool" steeped in sulimate, paper ashes, and dried peat were among the materials recommended for this purpose. One surgeon was of the opinion that the iodoform era in surgery was over, the general impression being that iodoform does not meet the demands of a model dressing.

For the radical cure of hernia the use of alcohol as an injection near the sac was advised in place of the oak-bark solution employed in America.

A case of spleen extirpation was reported by Crede, Jr., and the use of the esophagoscope and gastroscope was demonstrated by Mikulicz.

There was an exhibition of excised stomachs, and reports were read on excision of the thyroid, the transplantation of muscle, and the resection of the lung.

The characteristic feature of nearly every paper read was something new in pathology or therapeutics or operative procedure.—*Ex.*

The Effect of Thapsia Garganica on the Skin.—Two cases in which an eruption on the face was produced by the application to the chest of a plaster made from the root of *thapsia garganica* have been recorded by Comby. These plasters are a popular remedy in France. A local irritant effect is produced in a few hours, and the next day myriads of small vesicles and pustules are produced at the spot and in its vicinity, the skin between them being bright red. In one of the cases described there was also, when the plaster was removed, swelling of the face, which rapidly increased to such a degree as to close the eyes, and on the reddened skin vesicles and bullæ appeared. There was no fever or enlargement of the glands, and the eruption gradually subsided. In the

other cases two plasters had been applied to the chest, and a very similar eruption appeared on the face, which ran a similar course. The eruption appeared simultaneously in all the parts affected, and did not spread as does erysipelas.—*Lancet*.

The Influence of Certain Remedies upon the Milk-Secretion.—As the result of a clinical and experimental investigation, Dr. Max Stumpf, of Munich, gives (*Deut. Arch. fur Klin. Med.*) the following as his observations of the effect of certain remedies upon the secretion of human milk:

I.—Alterations in quantity of the milk:

1. Iodide of potassium causes a considerable decrease in the total quantity of milk.

2. Alcohol, morphia, and lead do not alter the quantity secreted.

3. Salicylic acid appears to increase slightly the flow of milk.

4. Pilocarpin is not a remedy furthering the milk-secretion.

II.—Alterations in the quality:

1. Potassium iodide disturbs the glandular functions so much as to lead to uncertainty as to its qualitative effects.

2. Alcohol and alcoholic drinks increase only the fatty constituents of the milk. As dietetic agents for the purpose of increasing the milk are therefore to be discarded.

3. Lead, morphia and pilocarpin scarcely, if at all, affect the quality of the milk.

4. Salicylic acid appears to increase the sugar.

III.—Discharge of poisons in the milk:

1. Iodine appears quickly in the milk, and in man rapidly disappears after the discontinuance of its administration, but in the herbivora it is more persistent. As regards the proportion of the iodine discharged in this way, it bears no constant relationship to the dose taken, and varies in different individuals. "The therapeutic application of iodized milk is therefore out of the question." The drug is discharged not in the form of alkaline salt, but in some combination with casein.

2. In the herbivora alcohol does not pass over into the milk.

3. Lead appears only in traces, but remains for several days after the ingestion of the remedy has ceased.

4. Salicylic acid, when given in large doses, appears also in very slight quantity in the milk, in man rather more than in the lower animals.—*Med. Times*.

Jaborandi.—Dr. Ryder says: "I believe jaborandi to possess the power of eliminating from the human system almost any specific poison, by means of the skin, if resorted to at once and before the poison has had time to set up its peculiar action."

Sensible.—"There is no greater blunder than to object to a journal on account of its large advertising department. The size of this department is the key to a journal's success and the index of its prosperity." It was a wise man who wrote these words.—*Exchange*.

SCIENTIFIC ITEMS.

Brown Sugar Under the Microscope.—Dr. Wm. Jones, in Medical Tribune, says: I will, with your permission, state what I have frequently seen in a few grains of raw, brown, unrefined sugar, when placed under an objective of four hundred diameters of the microscope.

I fear, however, the great objective power of the instrument will forever set you against all sweets, but especially that of sweetening your tea and coffee with brown sugar. The intensity of horror that came over me as I viewed the ugly-looking creatures, and observed the fearful battle that was going on in the few grains of sugar which lay before me, was anything but soothing to my nerves. It was such a sight as no one can conceive, who has not had an opportunity of observing what I will make an effort to describe. I have seen dozens, I am sure, of the most horrible-looking insects, in less than twenty grains of sugar, which appeared (under the power mentioned), as large as fleas, and somewhat resembling lobsters. Their legs or arms were provided with four joints each, with pinchers at the end, and covered with short, shining hair. Their heads were incased within a ring of ten or twelve spear-like *tentacula*, from the end of their nose (or what appeared to be their nose), had twelve to fifteen long, worm-like feelers, which they kept in continuous motion, for the purpose (it seemed to me), to ward off danger from any and all directions. And from their hinder-parts were presented ten or twelve spear-like bristles; I presume for protecting themselves from danger in that direction. Their bodies were about $\frac{1}{8}$ of an inch in length, with dark lines on each side, similar to a head louse or *acarus scabies*, and they were in continual motion, throwing their ill-looking limbs in every direction, hitting their fellows, who seemed to resent the freedom indulged in, and perfect bedlam seemed to exist among them, for I never saw them when they were not fighting one another, and tearing each other in a terrible manner. I do not know that these insects are natives of the sugar mentioned, or only invited from its want of cleanliness.

I have never been able to find any insects in refined sugar, but have observed them occasionally in the poorer quality of figs, and also in some prunes, and other foreign fruits.

Transmission of Motive Power.—We have already referred to the transmission of motive power from the mines to the centers where it is required, by means of electric wires instead of the transportation of coal as now practiced. Sir Henry Bessemer is credited with making a proposition of this kind with reference to London. He says:

"What a magnificent vista of legitimate mercantile enterprise this simple fact opens up to our country. Why should we not at once connect London with one of our nearest coal fields by means of a copper rod of one inch in diameter and capable of transmit-

ting \$4,000 horse-power to London, and practically bring up the coal by wire instead of by rail?"

Concerning this proposition an English exchange, assuming that each horse-power can be generated by consumption of 3 pounds of coal per hour, and that the engines work six days and a half per week, estimates "that there would be required an annual consumption of coal equal to 1,012,600 tons to produce the result. Now all this would, in the case assumed, be burned at the pit's mouth at a cost of, say, 6 shillings per ton for large and 2 shillings per ton for small coal; that is, at less than one-fourth the cost of coal in London. This would immensely reduce the cost of the electric light and of the motive power now used in London for such a vast variety of purposes. At the same time it would save the city from the enormous volumes of smoke and foul gas which this million of tons of coal would make if burned in the city."

Following up this train of thought the same authority argues that a 1-inch diameter copper rod would cost about £533 per mile, and if laid to a colliery 120 miles away, the interest at 5 per cent. on its first cost would be less than 1 penny per ton on the coal practically conveyed by it direct to the house consumer. These may appear to be visionary ideas at the present time, but with the rapid advance that is being made in electrical science, and in the appliances for utilizing the electric current, there is no saying what will be accomplished in the early future.—*Mechanical News*.

Photo Printing in Colors.—Some specimens of color printing in Herr Albert's studio deserve mention. Herr Albert has been experimenting with some success on the method which is usually connected with the name of Ducos du Hauron. A painting is photographed three times; the first negative is taken through a red screen, the second through a blue screen, and the third through a yellow screen. Albert employs colored liquids for his screens, and in this way he secures three negatives, in the taking of which respectively the rays of the three primary colors have been absorbed. The negative taken through the red screen is then printed upon red carbon tissue, and the other two negatives printed respectively with blue and yellow tissue. Then the three prints in red, yellow and blue are superposed, and the picture is finished. By working in this way Herr Albert claims to have reproduced a colored picture of Lemer cier, which had been produced from eighteen stones (and therefore contained eighteen different tints), in all its pristine beauty. As the original was not at hand for comparison, it was impossible to say how far success had been secured, but certainly the Albert pictures are very pleasing and interesting.—*Exchange*.

Dynamite.—It is said that the 15 dynamite manufactories now under the control of M. Nobel turn out about 5,000 tons a year. In this country and in Europe it is estimated that the production of explosives containing nitro-glycerine is between 7,000 and 8,000 tons a year, and this quantity has the energy of at least 45,000 tons of ordinary gunpowder.—*Boston Jour. of Chem.*

PRACTICAL NOTES AND FORMULÆ.

In Dyspepsia with Acid Eructations and Debility—

R	Ammoni. carbonat.....	grs. 5,
	Tinct. aurantii.....	3 i,
	Infus. chirttæ.....	3 i,
	Aquæ.....	ad 3 2.

Make a draught, to be taken night and morning.—*Western Med. Reporter.*

Or:

R	Sodæ bicarbonat.....	grs. 120,
	Spts. ammon. aromat.....	3 i,
	Tinct. zingiberis.....	3 i,
	Infus. gent. co.....	ad 3 8.

Mix. A sixth part three times a day.—*Ibid.*

In Pyrosis and Gastrodynia.—

R	Liq. bismuthi et ammon. citrat.....	3 i,
	Infus. quassia.....	3 i.

Make a draught, to be taken three times a day. One drachm of the solution of bismuth is equal to 20 grains of powder.—*Ibid.*

Camphorated Chloro-Tannate of Iodine is the name given by Dr. Q. C. Smith, of Austin, Texas, to the following preparation which is used as a topical application to bleeding ulcers and cancers of the cervix uteri:

R	Chloral hydrate.....	3 i,
	Iodine.....	3 ss,
	Oil of Camphor.....	3 vi.

Dissolve and add sufficient tannic acid to bring the mixture to the consistence of thick syrup.—*South. Prac.*

Injection for Sciatica.—Lereboullet recommends in cases where morphia is badly borne the following solution for hypodermic injection—

R	Morphiæ hydrochlor.....	gr. ½,	0.03	Gm.,
	Atropiæ sulph.....	gr. ⅙,	0.012	Gm.,
	Aquæ destillat.....	fl. ʒijss,	10.00	fl. Gm.

Ten to fifteen minims every six hours.—*Union Med.; London Pract.*

Treatment of Phagedenic Ulcers.—Dr. Vidal, in *Concours Medical*, recommends—

R	Vaseline.....	3 x,
	Pyrogallic acid.....	3 j.

M. Make into an ointment and apply morning and evening.—*Med. and Surg. Rep.*

Incontinence of Urine.—For incontinence of urine in children, Dr. Janeway, in N. Y. Medical Record, recommends a combination of ergot, belladonna and iodide of iron. We suggest the following formula—

R	Tinct. ergot	3 ij,
	Tinct. belladonna.....	3 j,
	Syr. iodide iron.....	3 j,
	Simple elixir.....	3 j.

M. One teaspoonful morning, noon and bedtime to a child 10 years old.

In Heart-burn and Acid Eructations.—The following lozenges are superior to the official bismuth lozenges—

R	Bismuth subnitrat.....	grs. 720,
	Magnesiae carbonat.....	3 2,
	Calcis carbonat. præcipitat.....	3 3,
	Sodæ bicarbonat.....	grs. 1800,
	Sacchari albi.....	3 14,
	Acaciæ gummi.....	grs. 220,
	Mucilag. acaciæ.....	3 1.

Divide into 360 lozenges, and dry them with a moderate heat. From one to six lozenges may be taken at a dose.—*Ibid.*

Iodoform in Uclers.—Dr. Wade, in Detroit Clinic, says: In the treatment of ulcers, the cause, if possible, being otherwise removed, I have found no other application to equal the following:

Take of

Iodoform, powdered.....	grs. 30,
Sub-nitrate of bismuth.....	grs. 60,
Chloral hydrate.....	grs. 15,
Glycerine.....	3 2,
Oil of rose geranium	gtt. 10,
Water to make.....	fl. 3 3.

Mix and write. Shake and apply.

Purpura.—

R	Vin. ferri.....	3 iv,
	Liq. arsenicalis.....	m xx,
	Sry. zingiberis.....	3 ij.

M. Sig. One-sixth part, with three tablespoonfuls of water three times a day, after meals.—*Med. Gaz.*

Dyspnœa of Phthisis and Emphysema.—

R	Ext. stramonii.....	grs. iij,
	Ext. hyoscyami.....	grs. xx,
	Ext. lupuli.....	grs. xl.

M. and divide into twelve pills; one to be taken every four hours until relief is obtained.—*Med. Gaz.*

Iodoform in Lung Disease.—The recent developments in the pathology of lung infiltration, and in its antiseptic treatment by continuous inhalations, have given me hope to expect that the continuous action of so potent a local remedy as iodoform, when precipitated upon the surface of the minute ramifications of the lungs, may develop more than has recently been anticipated to accrue in the local treatment of consumption. I have not yet had an opportunity of furnishing clinical evidence in support of this theory, and I bring up the subject in the interests of a cooperative test. This is the formula I use:

Take of

Acetic ether.....fl. ʒ 4,
 Iodoform.....grs. 5,
 Glycerine.....fl. ʒ 4,
 Chloral hydrate.....grs. 5 to 10.

Mix. Dissolve the iodoform before adding the glycerine. The acetic ether should be chemically pure, which may not be found in the shops. I have not had a satisfactory article, until it was made with reference to purity by Swift & Dodds, of Detroit, especially for this purpose. Some samples would not mix with glycerine, and the impure goods rapidly change the iodoform to free iodine.

Acetic ether quite effectually covers the odor of iodoform, at least so that the inhalation is not at all disagreeable. I have now used iodoform in this manner several hundred times, and I have not yet observed any undesirable effects, either local or constitutional.—*Dr. Wade in Detroit Clin.*


Prevention of Diphtheritic Infection.—M. Hager, in the Pharm. Centralblatt., recommends lozenges, composed after the following formula, to persons who are exposed to the infection of diphtheria:

R Cetæ alb. (white wax).....ʒ v,
 Colophon. (rosin).....ʒ iss.
 M. Melt together, and then add—
 R Tolutan. bals.....ʒ iiss,
 Pulv. aromat.....ʒ iss,
 Sacch. alb.....ʒ v,
 Ac. benzoic.....ʒ iss-iiss.
 M. Reduce to fine powder, and aromatize with—
 R Ol. cinnamomi.....m x,
 Creasot.....ʒ j.
 M. After the mass has cooled divide into 100 pastilles.

One of these lozenges should be very slowly masticated four or five times daily.—*Med. and Surg. Rep.*



EDITORIALS AND MISCELLANEOUS.

 THE RED CROSS on your Journal shows that you are in arrears for subscription.

SURGEON GENERAL OF THE UNITED STATES.

Surgeon General Barnes being sixty-four years old has been placed on the retired list. He has served as Surgeon General for twenty-two years.

The officer appointed to fill his place is Dr. Charles H. Crane, of New York, who has been acting as Assistant Surgeon General since the close of the late war.

PREVALENCE OF CANCER.

The death of Senator HILL, of Georgia, which took place on the 16th inst., suggests to our minds the increased prevalence of cancerous affections in this country and the humiliating fact that we have yet no remedy for the disease. Another fact may as well be confessed by the profession, and that is, that the knife which has been claimed as the best method for removing cancerous tumors is, after all, a very questionable method, even in the milder cases where life is expected to be prolonged by removing the tumor, as experience shows that it more frequently hastens the fatal result either by enlarging the surface upon which the diseased process is renewed, or by causing the development of the malady in some internal or more vital part of the system.

DEATH OF DR. A. S. HEATON, OF DETROIT.

A private letter conveys to us the sad intelligence of the death of Dr. A. S. Heaton, Professor of Clinical Medicine in the Detroit Medical College. We made the acquaintance of Dr. Heaton and his excellent lady at the time of our visit to the American Medical Association at Richmond in 1881, and was most favorably impressed with him as a gentleman and as a medical man of intelligence and fine attainments in the profession. His death took place on the 9th ult. from disease of the heart. A meeting of the physicians of Detroit was called on the following day in honor of the departed brother, and the following resolutions passed:

WHEREAS, It has pleased Divine Providence to remove, in accordance with the order of nature, our brother physician and townsman, ABRAM S. HEATON,

Resolved, That the profession of this city and State has lost one of its most distinguished and valued members, and this community a capable and highly esteemed practitioner.

Resolved, That we sympathize with the bereaved family, and with those who have been accustomed for so many years to rely upon his advice and assistance in times of sickness.

Dr. Heaton was in his 54th year, and was an active business man and a progressive practitioner. We tender our sympathy to the wife and family of our deceased friend and brother. Peace to his memory!

P.

THE TEXAS PHARMACEUTICAL ASSOCIATION held its fourth annual meeting in Fort Worth, May 9th and 10th, the Second Vice-President, Leo Preuss, of Eunis, presiding. The Secretary read the annual address, containing valuable suggestions for the future welfare of the Association. Among the business transacted was the application for a charter, and the election of a Committee of Trustees. The following officers were elected to serve for one year: President, E. M. Wells, Fort Worth; Vice-Presidents—W. J. Morley, of Austin; T. W. Powell, of Fort Worth, and C. F. Hall, of Bryan; Treasurer, E. W. Lancaster, of Marshall; Secretary, W. H. Murdock, of Dallas. The next meeting will be held in Austin, the capital, on the second Tuesday of May, 1883.
—*Exchange.*

GYNECOLOGICAL.—We invite attention to the card of Drs. Taliaferro & Noble, in reference to their Infirmary, located in this city for the treatment of diseases of women. The Infirmary is pleasantly located, is commodious, airy and convenient—located adjacent to the Doctor's residence, and supplied with suitable appliances, nurses, etc. The general practitioner often finds it desirable, in obstinate cases, requiring special and unusual attention, to refer his patient to a specialist who is experienced and reliable, and who is provided with suitable appliances and conveniences for such cases.

THE attention of Doctors' wives is called to the advertisement of the Patti Hand Attachment to sewing machines in this issue.

CINCINNATI SANITARIUM.—See the advertisement of this excellent institution in this Journal.

CELERINA.—Read the new advertisement of this excellent preparation commencing with this number of our Journal.

THE American Pharmaceutical Association will hold its thirtieth annual meeting at Niagara Falls, commencing September 12th.

BOOK NOTICES.

DISEASES OF THE RECTUM AND ANUS. By Charles B. Kelsey, M. D., Surgeon to St. Paul's Infirmary for Diseases of the Rectum, etc.; etc. New York: Wm. Wood & Co.

This is an illustrated work of 288 oc. pages, well gotten up and contains a great amount of valuable, practical information upon a department but little understood by the profession at large. It is well adapted to both the student and the general practitioner.

ANNUAL REPORT of the Board of Regents of the Smithsonian Institute, showing the operations, expenditures and condition of the Institution for the year 1880. Washington: Government Printing Office, 1881.

The work exhibits the financial affairs of the Institution, etc. The Appendix contains a record of recent progress in the princi-

pal departments of science; astronomical observations, etc., for the past year from the various Observatories in the United States are given.

PRINCIPLES OF HUMAN PHYSIOLOGY. By Wm. B. Carpenter, M. D., F. R. S., F. G. S., F. L. S., Registrar to the University of London, etc. Edited by Henry Power, M. B., F. R. C. S., London, Examiner in Natural Science, etc., etc. A new American from the Eighth revised and enlarged English edition, with notes and additions by Frances G. Smith, M. D., Professor of Institutes of Medicine in the University of Pennsylvania, etc. Philadelphia: Henry C. Lea, 1876.

We can recommend the above as one of the best works extant on Physiology. Suited to both the general practitioner and to the student of medicine.

ELECTRICITY IN SUGERY. By John Butler, M. D. Boericke & Tafel, New York, 145 Grand street. Philadelphia, 1011 Arch street, 1882.

A work of 109 pages. Practical, and based upon the author's experience, and designed for the use of the specialist and general practitioner.

FOURTH BIENNIAL REPORT of the State Board of Health of Maryland, 1882.

We are indebted to Dr. C. W. Chancellor, Secretary, for a copy of the above interesting Report. The following are the officers of the Board, to-wit:

J. Robert Ward, M. D., President, Govanstown.
C. W. Chancellor, M. D., Secretary, Baltimore.
James A. Stewart, M. D., Baltimore.
Hon. Charles J. M. Gwinn, Baltimore.
J. Crawford Nelson, C. E., Baltimore.
St. George W. Teackle, M. D., Baltimore.

TRANSACTIONS of the American Gynecological Society, Vol. 6, for the year 1881. Philadelphia: Henry C. Lea's Son & Co.

This volume contains the index to the Gynecological and Obstetric literature of all countries, for the year 1880, prepared with the co-operation of Dr. J. S. Billings, U. S. A., in charge of the National Medical Library, Washington.

MENTAL PATHOLOGY AND THERAPEUOICS. By W. Griesinger, M. D., Professor of Clinical Medicine and of Mental Science in the University of Berlin, Homorary member of the Medico-Psychological Association, membre Associe Etranger De La Societe Medico-Psycologique De Paris, etc., etc. Translated from the German (Second edition) by C. Lockhart Robertson, M. D., Cantab, Medical Superintendent of the Sussex Lunatic Asylum, and James Rutherford, M. D., Edin.

A work of 361 oc. pages, in which are treated with much ability the various forms of insanity, melancholia, mania, dementia, and

other complications. Interesting and important information on psychology, idiocy, cretinism, etc., are given, and other matters pertaining to mental disorders are treated in a manner at once forcible and interesting.

MULTUM IN PARVO—the best Pocket Anatomist Founded upon Gray—By C. Henri Leonard, A. M., M. D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynecology in Michigan Medical College, etc.

Eleventh revised edition. A useful little work for students at the dissecting table. Price, 75 cents. C. H. Leonard, 89 Miami Avenue, Detroit, Mich.

THE INCIDENTAL EFFECTS OF DRUGS: A Pharmacological and Clinical Hand Book, by Dr. L. Lewin, Assistant at the Pharmaceutical Institute of the University of Berlin. Translated by W. T. Alexander, M. D. New York: William Wood & Co., 1882. McGarity & Laird, Agents, Atlanta, Ga. Octavo, 239 pages.

This work is one of unusual interest, and should be carefully read by the practitioner, who will here find a solution of many conditions and symptoms not heretofore understood, and supposed to be different phases of disease, when in reality they are the result of the incidental effects of the medicines used. In the case of quinine, for instance, we sometimes see "headache, deafness, general muscular excitability, chilliness and vertigo disappearing in the horizontal position. Sometimes periodical anxiety, fainting or symptoms of collapse." A species of urticaria is also not unfrequently seen, and other forms of eruption. It will be a useful and interesting work of reference, and should be in the library of every practitioner.

TRANSACTIONS of the Medical and Chirurgical Faculty of the State of Maryland, at its eighty-fourth Annual Session held at Baltimore.

The volume is a neat one, and contains many able and interesting papers, of which we have not space to make special mention. The President elect for the present year is Dr. Wm. M. Kemp.

Vice-Presidents: Dr. Tho. S. Latimer and Dr. Richard McSperry.

Recording Secretary: W. L. Register, M. D.

WHAT TO DO IN CASES OF POISONING. By William Murrell, M. D., M. R. C. P., Lecturer on Materia Medica and Therapeutics at Westminster Hospital, Assistant Physician to the Royal Hospital for Diseases of the Chest. Second edition. Detroit, Mich., U. S. A., 1882. Geo. S. Davis, publisher.

A little work of much useful and practical information.

RECEIPTED.

1882—Drs. T J Lumpkin, J H Jennings, R J Talbert, A A Hill, F M Van Eaton, J W Hoff, W T Mathes, F H Caldwell, A S Heaton, G T Mattox, R A Morton, E E Mallory, Wm. Piper, Thos Martin, Eli Sloan, J L Smith, E J Rivers.

SPECIAL NOTICES.

PARKE, DAVIS & CO.—This great drug house, of Detroit, Michigan, have attained to a very high reputation as wholesale druggists and manufacturing chemists. Their indomitable enterprise in the importation and presentation of new drugs to the Profession is worthy of all praise, and their numerous reliable and elegant preparations have the confidence of the public and of the Medical Profession everywhere. See their advertisement in this Journal.

THE art of sugar-coating pills so as not to impair their solubility, but to preserve the composition, keeping it soft and plastic, has acquired for **Messrs. Warner & Co.**, a world-wide reputation. Physicians may rely upon the purity of the drugs used, and upon the mathematical nicety in which their pills, "granules," and "parvules" are divided. Every doctor may be his own druggist, and at the same time save himself the drudgery of it by using **WARNER'S** preparations. A bottle of Quinine Pills recently sent us by this firm satisfies us that this firm is fully maintaining its reputation.—*North Carolina Medical Journal, July, 1879.*

REED & CARRICK.—The polite and intelligent agent of this excellent house called at our office and exhibited a number of samples prepared by them. For neatness, beauty and excellence of combination they cannot be surpassed. We ask our readers to read their advertisement on next to last cover page in this Journal, and to test their preparations. We have found them very useful in practice.

'ELERINA.—Examine the advertisement of this agent by J. C. Richardson in this Journal. It is very highly extolled as a Nerve Tonic of rare quality, adapted to low, debilitated conditions of the system from any cause—especially in cases of mental, nervous or sexual exhaustion. Among the multitude of new and useful agents now being introduced, it is regarded as a very valuable addition to the armamentarium of the physician.

HYDROLEINE.—Dr. E. H. Trenholme, 32 Beaver Hall, Montreal, Can., says: My experience with Hydroleine has been more than satisfactory, and I know no remedy like it in cases of a scrofulous or tubercular diathesis. In some of my cases the effect of Hydroleine has been really marvelous. I wish you to send me half a dozen bottles for my own personal use, as I wish to continue taking it myself.

NOW that the father of antiseptic surgery has placed carbolic acid under ban, and recommended eucalyptus as an efficient substitute for it, we would advise physicians to give **LISTERINE** a trial. Eucalyptus is one of its constituents; and the preparation, being a perfect solution, is presented in a form most convenient for general use.—*Louisville Medical News, June 25th, 1881.*

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the **ELLIOTT**. Doctors that do the same thing get the standard article. Send for circular to A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

JOHNSTON'S FLUID BEEF.

C. H. F. ROUTH, M. D., Senior Physician to the Samaritan Hospital for Women and Children, etc., 53 Montague Square, London, 17th April, 1878, writes:—I have made careful and repeated trials of your Fluid beef, and am eminently satisfied with it. It affords sustenance, and is well borne by weak stomachs. It seems to me to fulfil a desideratum long sought for, and I feel much obliged to you for bringing it before my notice. I trust you will have depots in London soon, for a Beef Tea containing albumen and fibrine in such large quantities, and in such a readily assimilable mixture, will prove of the greatest value to the treatment of disease.

Quinine Hypodermically.—Quinia Bi-Muriatica Cardamidata; soluble in its own weight of boiling distilled water.

Dr. McCoy, house physician of Bellevue Hospital, in the Medical Record of August 7th, 1880, cited 38 cases in which he subcutaneously administered this remedy with the most satisfactory results, and without the sequence of a single abscess. He employed a fifty per cent. solution of Bi-Muriate Quinia with Urea; and in one case, which he cites, found that 40 grains of the salt, when given at one time, produced cinchonism in one hour, the temperature being decreased four degrees in five hours.

McKesson & Robbins, of New York, well known as the introducers of gelatine-coated pills, manufacture the salts, and sell it in one, two and four gramme vials, and also the fifty, or cent. solution which they put up in one-eighth ounce and one ounce vials.

T H E

Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

~~For~~ All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XII. ATLANTA, GA., SEPT. 20, 1882. No. 9.

ORIGINAL AND SELECTED ARTICLES.

OTALGIA FROM REFLEX DENTAL IRRITATION.

BY A. G. HOBBS, M.D.,

Prof. of Eye, Ear and Throat Diseases in Southern Medical College, Atlanta, Ga.

Otalgia from reflex irritation is probably of more frequent occurrence than many have supposed.

Not to mention the commonly observed phenomenon of pain in the ear, accompanying acute affections of the tonsils, it is well known, also, as a not unusual and extremely painful complication of tubercular, cancerous and syphilitic disease of the pharyngeal region.

Otalgia due to malignant or syphilitic disease of the pharynx has often been treated locally for a considerable length of time before the pharyngeal complication has been discovered.

The most remarkable feature of these reflex neuralgic symptoms is that they sometimes occur upon the *opposite* side to the point of irritation.

As an illustration of this feature, I will cite the following case described by Dr. D. B. Delavan, of New York:

"The patient was a finely-developed, well-nourished girl of about twenty, with clear complexion, active circulation and every apparent indication of robust health. Her family history was excellent, and there was no suggestion of any heredity. She had

always enjoyed perfect health, with the exception of an attack of double *stitis media*, at the age of seven. At this time there was a purulent discharge from both ears. Since then she has always been slightly deaf in the right ear. The present attack began with a pain in the right ear, which was constant and throbbing, with an occasional paroxysm of lancination, and was much more severe at night. This condition grew worse, producing almost complete insomnia.

"She was first seen four days after the beginning of the attack. Examination with the otoscope revealed both tympani in a healthy condition, with no sign whatever of inflammatory action either of the external or of the middle ear. Rhynoscopic examination failed to discover any cause in the pharynx. The upper teeth were perfect. In the lower jaw the right second molar was slightly carious, while the right wisdom tooth had not yet made its appearance. On the left side the wisdom tooth was through, but the second molar was wanting. Patient stated that several years ago this latter tooth had decayed and come out.

"Applications of heat and anodynes effected no relief. The otalgia was apparently reflex, and seemed due, in all probability, to irritation from the developing wisdom tooth of the right side, or from the carious second molar of the same side.

"The patient was seen in consultation by Dr. Samuel Sexton, who agreed with this hypothesis. At his suggestion she was referred to a competent dentist, who discovered that the deficient second molar of the left side had only lost its crown, while the roots were still impacted in the jaw, although completely covered by mucous membrane. With considerable difficulty three large roots were removed and an abscess of large size was found at the extremity of one of the roots. The wound caused by the removal of these fragments soon healed, and the otalgia quickly disappeared. Since the operation—two months—the carious right second molar has not been filled, nor has the right wisdom tooth yet finished its irruption: nevertheless, there has been no return of the otalgia whatever."

Two cases of reflex dental irritation have occurred in my practice during the last three years. One was a young man about twenty years of age, who presented himself to me with what he called an "earache," which attacked him—usually at night—with lancinating pains that lasted several hours. He had been subject to these attacks for several months. An examination of the ear revealed nothing abnormal; the appearance of the pharyngeal end of the eustachian tube was quite natural; so I was at a loss to

know what caused his ear-trouble until, after questioning him closely, he told me that, just before his ear attacks, he always felt a dull, aching pain in a back jaw tooth. I took him to a dentist, who found the crown of a wisdom tooth badly decayed: he extracted it, and the young man told me six months afterward that he had never had a return of the earache. The left ear was affected, and yet the extraction of a decayed right upper wisdom tooth cured the ear. This was a typical case of dental reflex irritation. The other case was a married lady about 36 years of age, who applied to me with an acute catarrhal inflammation of the middle ear. I employed the usual remedies, which should have cured her in a week; but her ear got no better, and the paroxysms of pain became even more frequent and more severe. She suffered with a toothache at the same time. A dentist killed the nerve of the 2d molar tooth and plugged it. I continued the same applications to the ear, and in three days the discharge had ceased, the perforation in the *membrana tympani* had healed and her hearing was entirely restored. The aching tooth in this case was on the same side of the head with the aching ear.

Few instances, if any, have been reported where irritation, not only far removed, but actually upon the side opposite to the neuralgic manifestation, has resulted as in the case cited by Dr. D. and in my first case; and yet, from the almost immediate relief which followed the operation in both instances, there can be no reasonable doubt as to the relation of cause and effect between the dental irritation and the neuralgia.

It would appear, therefore, that a disordered condition of the teeth may exert a powerful influence upon parts with which they seem to have but little nervous connection, and the inference is forced upon us that, in many cases of cephalic neuralgia, the true cause lies in dental irritation, so that relief is not likely to be afforded until the irritation has been removed.

A CASE IN PRACTICE.

BY R. L. HINTON, M. D., PRESCOTT, ARK.

July 1st, R. T., an Irishman, æt. 27, living $1\frac{1}{2}$ miles from town, presented himself at my office for treatment—said he had rheumatism; but, having observed his gait, as he approached me, I had already made up my mind that he must be paralyzed in the right leg, which, upon examination, I found to be true, the entire limb being devoid of sensibility and motor-power to about a level with

the hip joint. Said he first felt, about a week before, a numbness and tingling in the foot, as "though his foot was asleep," which had gradually extended up. Temperature of the limb, also of the body, normal; pulse, natural; tongue, heavy brown coated. Said he had suffered, in the last few days, considerable pain "in the small of the back." I learned from him, which was afterward corroborated by his friends and relatives who had known him from birth, that he had always been stout and healthy, that he had never had syphilis, scarlatina, or any of those diseases known or supposed to have anything to do with the causation of paralysis. Having seen several cases of local, *temporary* paralysis in connection with our malarial fevers—though I confess I was puzzled to class *this* with these cases—yet, being unable for the time being to trace any other cause, unless it be in some of the nerve centers, I gave him a mercurial for to-night and to-morrow-night, to be followed by quinine each morning, and advised to keep up the quinine, about two six-grain doses every morning, making the doses four hours apart.

July 4. He comes in again; walks much better; feels much better; flatters himself that he is getting well; tongue cleaning off; skin clearer; pulse and body-heat normal; complete insensibility in the entire limb, as before. Same treatment continued.

July 7. Condition about the same, only he feels a tingling and numbness in the left foot, same as in the right foot at first. Add to former treatment

R Tr. digitalis,

Fl ext. nux vomica aa 3 j.

Mix. Take six gtt. every six hours, to be increased or decreased, according to symptoms. Counter-irritation to the spine.

He reported to me no more, till on the 16th I was called to see him. I found him flat of his back in bed, both sides paralyzed to about top of the sacrum, involving bowels and bladder; suffering considerably from retention of urine, and some from overloaded bowels. The former promptly relieved by catheter; the latter with some difficulty, after the repetition of cathartics and enemas. There was no sense of feeling, on pricking or pinching the skin, up to the point mentioned on the back; *slight*, on the lower part of abdomen. The tongue slightly coated brown; temperature and pulse natural, after relieving bladder and bowels. Appetite good, and had been about all the time. He now tells me he was taking his medicine, and thought he was getting along very well till, about three days ago, he commenced nursing a very sick relative—was

up day and night till he took his bed the day before sending for me. In conversation with the family during this visit, I learned that he received a severe blow on the head about the 2d of April last; that he had not been entirely well since; that the wound was dressed by Drs. Jordan and Sloan, who gave him attention at their office for six weeks. From this date to the time of my first seeing him, about two weeks, he had been at work on the streets, spading, where the sun was very hot, and he constantly stooping, as his work required. On my return to town, I called on Dr. J., who confirmed the statement about the blow on the head; said it was very severe, having cut the scalp to the bone, through a heavy cotton or wool hat, to about three inches in length, just to the right of, and diagonally across the posterior end of the sagittal suture; said he was an office patient of his till about the 15th June, during which time he had erysipelas of the scalp, with deep-seated pain in the head, with considerable disturbance of the nervous system, so much so that he had found it necessary to keep him under the influence of the bromides and other quieting remedies all the time, both before and after erysipelas had subsided. As this article is already becoming tedious, I will state that there was nothing very unusual in the symptoms or treatment from this on; digitalis and nux vomica were continued; blisters to the spine, with relieving of the bowels and bladder; also, a trial of electricity, which produced twitching in the muscles of the lower limbs, as did, also, the strychnia. He died at 2 o'clock p. m. on the 20th. I saw him at 9 o'clock a. m. the same day. The paralysis had then reached to a little above the points of the scapula. He was as calm and rational as ever. No change in the general symptoms, only the breathing was a little labored. He remarked to me that the disease was gradually going upward.

On the 21st I was summoned to attend a jury of inquest, and, with the assistance of Drs. Jordan and Sloan, made a *post mortem* examination. On removing the hair, there was the scalp-wound, as already mentioned, now healed. Putrefaction had been very rapid, and the stench was almost intolerable, in spite of disinfectants. Neither plate of the skull was fractured. There was slight adhesion, about the size of a half-dollar, directly under the scalp-wound, of the pia mater to the brain; might have been more apparent, had not decay done its work so rapidly.

Here we have a case of progressive paralysis; a man dying by the inch; the work accomplished in twenty days from the first symptom. Will some one or more of our surgeons, who have a more extended field for observation, be kind enough to comment

on this case? Tell, at least, whether or not they believe the blow upon the head had anything to do with the disease and death of this man. I, of course, have my views, but it is not best to express them here, as I want the unbiased views of abler ones of the profession. I want it for my own satisfaction and information. The verdict of the jury released the man that struck the blow.

THE DIFFERENTIAL DIAGNOSIS OF THE CAUSE OF SUDDEN UNCONSCIOUSNESS.

BY R. O. BEARD, M. D.

(*Concluded from August Number.*)

URÆMIC POISONING

is a questionable cause of sudden unconsciousness, but certain cases are reported in which the usual prodromata are said to have passed unnoted, until the abrupt occurrence of convulsions and coma.

The convulsions are of the epileptiform type, and liable to remission. The presence of anasarca; the urinous odor of the breath; the dilated, indolent pupils; slow, stertorous respiration of a peculiarly labial character, distinguishable from the guttural sounds characteristic of cerebral hæmorrhage and compression; and the progressively falling temperature, reaching in some cases 91.5° F., furnish sufficient diagnostic evidence. If urinalysis is possible, the discovery of albumen and casts will settle the question of cause.

I cannot overlook the fact that a remarkable difference of opinion exists on the part of Professor Flint, as to the temperature of this condition. He claims that a marked elevation, sometimes ranging as high as 105° F., is observed in these cases. This statement is supported in Ziemssen's Cyclopædia, where its explanation is attempted by a reference to the epileptiform nature of the convulsions, and the correspondingly high temperature of true epilepsy. But, although *epileptiform*, the convulsions are not *epileptic*, and the analogy fails in view of the wide difference in both causes and effects of the two diseases.

Neither can the excessive muscular exertion thus induced be regarded as sufficient cause for this reported elevation. Considering the fact that all other toxic agents which induce coma, among which uræmic poison may properly be classed, invariably occur with *lower* temperature, the above statement appears still more doubtful. In the apparent absence of post-mortem facts to sustain the clinical evidence, I would venture to suggest the occasional occurrence of meningitis as a complication of, uræmia, and a possible cause of high temperature, and hence of these conflicting observations.

ASPHYXIA

is properly ranked among comatose conditions of toxic origin, but is too familiar to need anything beyond mention in this connection.

It is well-defined as "a suspension of animation, due to the non-conversion of venous into arterial blood." The indications point to primary disturbance in the lungs rather than the brain.

ALCOHOLIC COMA

would appear, at first thought, to be of all forms of unconsciousness the most easily diagnosed, and yet no other condition has been so fruitful of mistake, and of injury as the result of error.

A medical verdict of "intoxication" has too often consigned an innocent sufferer from far more serious ills to a course of treatment which involved either irretrievable physical mischief, or a form of moral injury equally impossible of repair.

The odor of alcohol thrown off by the lungs is a valuable aid to diagnosis, but even in the presence of this indisputable evidence of inebriation, it should be remembered that accident incurred while in a drunken state may cause concussion or compression of the brain, or that cerebral hæmorrhage may supervene in this condition. The absence of paralysis, the presence of a complete muscular relaxation and anæsthesia, and the state of the pulse, the respiration and the skin, are all worthy of note, but the condition of the temperature and the pupils furnish the most valuable and distinctive evidence. A low temperature, sometimes markedly low, is not absolutely peculiar to acute alcoholism, as opposed to other forms of unconsciousness, but in none, save that of uræmic poisoning, is there so frequent and so considerable a fall.

Dr. Wm. MacEwen, of Glasgow, Scotland, records a thermic test in fifty cases, noted under many varying circumstances, which shows a downward range of temperature from 97.9° to 93.4° F. These figures represent rectal temperatures, which, according to Wunderlich, should be reckoned from a half to one degree higher than in the axilla. It may, therefore, be stated that in alcoholic coma the temperature has a latitude of 5° below normal. The same observer claims the demonstration of an absolutely pathognomonic sign in the condition of the pupils, which, as far as my observation and inquiry have extended, has proved a reliable aid in the diagnosis of doubtful cases and the exclusion of any coincident injury or disease.

In alcoholic coma *undisturbed*, he states that the pupils are *invariably contracted*, but that on the application of any external stimulus, sufficient to partially arouse the patient they *at once dilate*, again relapsing into a contracted state as unconsciousness re-deepens. Dr. MacEwen reports the observation of fifty cases, of which number forty-eight answered perfectly to the test, contraction recurring in from five to thirty minutes after stimulation. The two exceptions to this rule proved, on subsequent inquiry, to have formerly suffered with disease of the iris, which had resulted in complete fixity of the pupils. Since the publication of these

items I have endeavored, as opportunity offered, to test their accuracy, and in some eight cases I have noted the behavior of the pupils has been in perfect accord with the facts stated. This alternation is, I believe, characteristic of no other comatose condition, and is, therefore, if supported by further investigation, an invaluable diagnostic sign.

OPIUM NARCOSIS

is so rapidly fatal in its course that it especially demands prompt recognition. In the early stages of its action the patient can be momentarily aroused. The odor of opium on the breath can usually be detected. The complete muscular relaxation, the suppression of all secretions except that of the skin, which is very profuse, the usually persistent vomiting, the markedly contracted and insensible pupils and slightly reduced temperature, with other general symptoms, should be borne in mind.

The symptoms attending the narcosis of other soporific poisons are similar to the above. In the case of chloral, dilatation instead of contraction of the pupils is observed when poisoning results from the slow cumulative action of the drug.

In closing the discussion of these causes of sudden unconsciousness, let me refer briefly to those surgical conditions known as

CEREBRAL CONCUSSION, CONTUSION AND COMPRESSION.

Any attempt to differentiate their peculiar symptoms is necessarily limited by the fact that the occurrence of either of these distinctive forms of injury uncomplicated with one or both of the others is exceedingly rare. Indeed, Dr. Bryant explicitly stated that "concussion and contusion of the brain are *always* associated in fatal cases;" and the Reports of Guy's Hospital, London, for fifteen years, record "no case of death from concussion without change of brain structure."

Compression doubtless often happens alone. The possibility of an apoplectic or epileptic seizure occurring in a position likely to provoke a suspicion of accident, or even inducing a fall, should always be remembered."

Cerebral Concussion, pure and simple, is believed by many surgeons to be little more than a momentary disturbance, and certainly cases on record in which coma has persisted for hours or even days can hardly be regarded as uncomplicated. The loss of consciousness resulting is usually immediate and complete:

Cerebral Contusion is defined to be "a sudden and violent attrition of the brain substance, attended with more or less laceration and effusion of blood," generally in the form of minute hæmorrhagic points. It does not necessarily involve injury, actual or apparent, to the calvaria. Its symptoms, as apart from those of concussion and compression, are not well differentiated.

Cerebral Compression, of traumatic origin, may depend upon the pressure of fragments of the outer or inner tables of the skull, or of a blood-clot formed beneath the seat of injury.

A short interval usually elapses between the infliction of the injury and the appearance of the profound unconsciousness which

follows. The general identity of its symptoms with those attendant upon cerebral hæmorrhage in its idiopathic form, indicates that the results are substantially the same in the two cases. For the general symptoms observable in these surgical cases, as well as in the other foregoing morbid conditions, I would refer to the summarized table appended to this sketch, which offers a readier means of rapid comparison than it would be possible to give in any other form.

It cannot but be observed that, in many cases, the means of differentiation we possess are at present very limited, and even those most clearly defined are often clouded by varying complications.

There only remains to allude briefly to the *modus operandi* of the causes which result in this general effect of unconsciousness, and on this important but obscure question I shall venture but a few simple suggestions.

The post-mortem evidence recorded throws but little light upon the working of these causes; but, applying the few facts thus obtained to the clinical history we possess, the indications seem to point strongly to *one* pathological condition necessary to the production of unconsciousness in any of its forms, viz.: a deficiency of arterial or oxygenated blood in the vessels of the brain. If this point be well taken, we have at once an explanation of the difficulty we meet in attempting to differentiate these conditions, in the fact that, though induced by exciting causes of widely varying nature, in many varying ways, and in greatly varying degree, the ultimate result, manifested in the loss of consciousness, is in each and all the same.

Thus, in syncope, probably the simplest form of unconsciousness, we find an anæmia of the cerebral cortex, whether caused by arrest of the general circulation, by profuse hæmorrhage from other parts, or by a chronic anæmic condition. In catalepsy and cerebral hysteria, the symptoms point to the same result, depending upon deranged nervous function, probably manifesting itself through the vaso-motor system by inducing a tonic contraction of the cerebral arterioles. In concussion of the brain, the theory of vascular paralysis affecting the vessels of the cortical portion of the cerebrum and producing arterial anæmia, with consequent venous stasis, offers the best explanation of the phenomena observed; and, seeing that we have no knowledge of the long continuance of such vascular paralysis, it accords well with the opinion that true concussion is but of short duration.

Insolation furnishes us with an instance of more complicated action, but it is probable, as Niemeyer observes, that the febrile condition of the blood, caused by the excessive heat and exposure, involves the loss of its oxygenating power.

Epilepsy has hitherto been very obscure in its pathology, but leading neurologists support the theory that the coma is due to general cerebral anæmia, while they refer the attendant convulsions to the excitation of a "convulsive center" by means of a local hyperæmia or congestion. This question doubtless requires further demonstration.

In the toxic conditions we have reviewed, we can distinctly trace

the disturbance of cerebral function to the influence of the toxic agent, either directly upon the blood, as in uræmia and asphyxia; upon the heart and vessels through the agency of the nervous system, as in opium narcosis; or upon both, as in alcoholic intoxication.

By whatever mode of action, the results seem to be in each instance the same—that is, either the destruction or impairment of the oxygenating power of the blood, or an interference with the circulation in the cerebral substance.

In cerebral and meningeal hæmorrhage, and in traumatic compression, a similar end is reached by means of mere mechanical pressure.

Dr. Bryant observes that "unconsciousness in these cases, whether from injury or hæmorrhage, appears as soon as commencing intracerebral pressure impinges upon the capillaries of the cortex," and it is probable that it ensues even before that point is reached.

The rupture of an abscess into the brain substance has the same mechanical effect, and embolism, obstructing the cerebral arteries, induces partial pressure, and causes a more circumscribed anæmia, which, in its turn, accounts for the slighter and more transient symptoms.

The uncertainty which evidently surrounds this question in the minds of scientific observers, and leaves room for these imperfect suggestions, offers a wide field for patient investigation and research.—*Chicago Med. Jour. and Exam'r.*

PULSATILLA IN INFLAMMATION OF THE TESTIS.

BY G. FRANK LYDSTON, M.D.

Although the use of pulsatilla in the treatment of disease has been chiefly confined to the homeopaths, attention has been called to its efficacy, particularly in inflammatory affections of the testis, by several members of the regular profession, Dr. Piffard having especially commended it.

A short time since, having a hospital service in which there were abundant opportunities to test its efficacy, I began its use in such cases. I had previously employed the ordinary methods of treatment, such as applications of ice, hot fomentations, tobacco poultices, etc., thus having ample scope for the comparison of the results derived from the different procedures. The results of the remedy were very gratifying, and in most instances, whether given alone or in combination, superior to the ordinary measures for relief of the above inflammations. The records of the cases so treated at that time I did not retain, but they contained a large number of cases. I have been fortunate enough to have a series of five pronounced cases within the last few months, the histories of which I have, and will recount, hoping that they may prove of interest.

CASE I.—*Gonorrhæal epididymitis*.—Patient is a plethoric subject, æt. 35; stated that he contracted a severe gonorrhœa some

three weeks previously, which ran the usual course until two days before consultation, when the right testicle began to swell and became very painful, the urethral discharge having ceased. He complained greatly of dragging pain along the cord. The epididymis of the affected side was extremely swollen and of almost stony hardness, and the tunica vaginalis greatly distended: the tenderness on pressure was very marked. He was ordered a mercurial cathartic, and tr. pulsatilla in 10 m. doses, every two hours. The testes were supported upon oakum. On the following morning the pain had entirely ceased and the tenderness was perceptibly less. There was no change, however, in the bulk of the testicle, although the fluid in the tunica vaginalis seemed less transparent. At the end of twenty-four hours the pulsatilla was stopped. There was no recurrence of the pain, and on the fourth day the tenderness was so far reduced that strapping was admissible, and was continued until the organ had regained its usual size.

CASE II.—*Rheumatic orchitis*.—Patient a carpenter; æt. 24. Denied having had venereal disease of any description, and stated that he contracted his present trouble by sitting upon a cold stone step for some time, he having on thin pantaloons. The pain was especially severe, and was accompanied by considerable nausea and fever. There was also some tenderness and swelling of the ankle joints. The body of the testis was swollen and tender; the epididymis somewhat enlarged, with slight effusion into the tunica vaginalis. He was given a saline cathartic and put upon tr. pulsatilla m. v. every hour. In twenty-four hours the pain, which had been so severe that I had thought seriously of subcutaneous incision of the testis, had considerably abated, and on the third day had disappeared, leaving, however, some tenderness and no appreciable change in the swelling. Hot fomentations and poultices were now ordered and continuously applied, until the induration had disappeared.

CASE III.—*Epididymitis from passage of sounds for relief of stricture and gleet, of long standing*.—Patient, engineer; had had gleet for over a year, and had previously had a number of attacks of gonorrhœa. On the day following a somewhat prolonged instrumentation of the urethra, pain and great tenderness of the left testicle developed. The same treatment was adopted as in the preceding case, with, however, in addition, x minims of fl. ex. jaborandi every hour, he having considerable fever and complaining greatly of thirst. On the third day pain had entirely ceased and poultices were ordered.

CASE IV.—*Gonorrhœal epididymitis*.—History of previous attack in same testicle, which laid the patient up for four weeks. The same line of treatment was adopted as in previous cases, and with marked success, the pain ceasing in twenty-four hours, and the gentleman being at his work again on the eighth day, the testicle, however, being strapped to produce resolution of the swelling and support the organ, thus preventing a relapse and enabling the patient to attend to his business, which compelled him to be upon his feet a great deal of the time.

CASE V.—Somewhat similar to preceding case. Swelling and

intense pain of neuralgic character in both the inflamed and sound organs, this pain having severe exacerbations shooting along spermatic chord and down the inner aspect of thighs. There was also considerable pain in the back. Fifteen minims of the tincture pulsatillæ were given every second hour, with the usual preliminary cathartic. In forty-eight hours the pain was markedly diminished, there being, however, some increase of the swelling. The remedy was stopped on the third day and poultices applied. There was a slight recurrence of the pain on the fifth day, which was again readily controlled, in a few hours, by the pulsatilla.

From observation of the action of pulsatilla upon the above cases and others, which, though carefully noted as to the effects of the remedy, were not recorded, I have been led to the conclusion that it is of great value. The drug has long borne the opprobrium of being a homeopathic preparation, and has been highly recommended by the small-pill fraternity; they, however, have administered it only in infinitesimal doses, in which it is obviously impossible to obtain its physiological effects, so that it would be practicable to determine whether their so-called beneficial results were due to their small doses of the drug or were really the natural course of the affection, they never having applied rational measures of treatment, and being consequently devoid of data for comparison. They do not give any explanation of its action, but speak in a vague manner of its specific effect upon the mucous membranes, the female generative organs and the cerebro-spinal axis. It is probable that its effects are manifested principally through its influence upon the nervous system. It seems to have a specific action upon the testis itself, as evidenced by the speedy relief of pain and tenderness, although it has no effect upon the induration of the inflamed organ, and does not appreciably diminish the serious effusion attendant upon such cases. The beneficial effects of the drug in gonorrhœal epididymitis may possibly be due in some measure to its action upon the inflamed urethral tract, which constitutes the source of most of the cases of that disease.

I can not reconcile my observations to those of Dr. Piffard, who, in some of his earlier investigations of the subject, found that five minim doses of tr. pulsatillæ aggravated epididymitis, while the same drug, in doses of one-tenth of a minim every three hours, rapidly cured the disease. The doctor evidently has great faith in infinitesimals.

I am not aware to what extent regular practitioners have investigated the action of pulsatilla, nor to what extent it has been written upon, but I trust that it may receive a fair trial, and if it be found to be as valuable as I have been led to believe it, that it may enter more extensively into the pharmacopœias of legitimate physicians, thus rescuing a useful drug from the obscurity of homeopathic practice.—*Chicago Med. Jour. and Exam'r.*

Cause and Effect.—A lady visiting a friend just confined remarked to the grandmother: "But how small the child is!" The old lady replied, "Well, we had a homœopathic doctor."—*Cincinnati Enquirer.*

ON THE TREATMENT OF CHRONIC DYSENTERY BY VOLUMINOUS ENEMATA OF NITRATE OF SILVER.

BY STEPHEN MACKENZIE, M.D., F.R.C.P., PHYSICIAN TO, AND
LECTURER ON MEDICINE AT THE LONDON HOSPITAL.

In the treatment of ulceration of mucous membranes within reach of sight and touch, all practical physicians and surgeons are convinced of the great importance of local applications, whether the seat of the disease be the pharynx, the larynx, the eye, the cervix uteri, or elsewhere. In these situations, whether the ulceration be of constitutional or local origin, we employ local treatment, with or without internal medication, and as the effects of treatment can be observed, no one doubts its efficacy. All practical surgeons are assured of the beneficial influence of applications of nitrate of silver, and other mineral astringents and mild escharotics in treating inflammations of mucous membranes. How different is the treatment of dysentery from that of inflammation of the upper part of the alimentary tract. It may, of course, be remarked that treatment which is obviously beneficial to such parts as our hands can reach, cannot, on account of physical difficulties, be applied to the length of the colon. But this difficulty is not wholly real. With a view of rendering our practice in the treatment of dysentery more successful, and more in accordance with our procedures elsewhere, Dr. Horatio Wood, of Philadelphia, has suggested the use of a large enemata of nitrate of silver, so as to bathe with a solution of this salt the whole mucous membrane of the colon. This treatment he has appropriately designated "the rational treatment of dysentery." I am aware that enemata have long been employed in the treatment of dysentery, but the importance of *large* enemata has not been insisted on, and their use is not general. Ringer, Gairdner, Bristowe, Niemeyer and others recommend the employment of enemata, and, in some instances, of nitrate of silver, but none enjoin the use of such large enemata of nitrate of silver as recommended by Dr. Horatio Wood.

"The disuse of local applications in dysentery is largely, no doubt," Dr. Wood observes, "the result of our former inability to make use of applications to any other than the extreme lower portions of the colon. By the use of forced enemata, so-called, we are now, however, able to reach every part of the large intestine. In giving such injections, it should be first remembered that the name is a misnomer; that no force should ever be used. The patient should be brought to the edge of a hard bed, placed in a position somewhat resembling that for lithotomy, his buttocks resting upon a hard pillow in such a way as to elevate the pelvis, and cause the injected fluid naturally to flow downward and inward. A well-oiled, smooth, somewhat flexible, hard tube, with openings at the side (an œsophageal tube will answer well), and a closed end, must then gently and slowly be introduced from eight to twelve inches into the rectum. The free outer end of this may be

connected with a Davidson's syringe, and the fluid thus be slowly pumped in. A better plan is to unite it with a flexible india-rubber tube, in the end of which a funnel is inserted. This being elevated five or six feet, the water is poured in, and by its own weight, with irresistible gentleness, forces its way into the gut. Instead of a funnel being used, the tube may be so arranged as to empty a bucket or other reservoir of water, placed five or six feet above the patient. A direct connection may be made, or the principle of the syphon taken advantage of. Finally, the so-called fountain syringe may be substituted. In any case the liquid should be about the temperature of the body, so as not to provoke peristalsis by the stimulus of heat or cold."

Dr. Wood writes that, whilst some considerations would lead us to expect variety in the character and strength of the applications that would be likely to be serviceable, his experience of throat affections led him to select nitrate of silver in the first instance, and he has been so satisfied with its results that he has employed no other. Drachm doses have, in his hands, never occasioned constitutional symptoms, and less than forty-grain doses have not accomplished much good. In one of my own cases, to be narrated, a single enema of thirty grains of nitrate of silver in three pints of water caused the complete cessation of chronic dysentery that had lasted two years. This I regard as exceptional. I believe that, as a rule, at least a drachm of nitrate of silver to three pints of water should be used, and I have employed as much as a drachm and a half of nitrate of silver to this quantity of water with good result and without danger. Dr. Wood properly discusses the possible effects of the application for a longer period than occurs elsewhere of so large a dose of nitrate of silver to an absorbent surface, but has never seen the least inconvenience arising from it. My experience is in entire accord with it. He suggests that, in case of the enema being retained, and fear arising as to the toxic effects of a large dose, a solution of common salt should be at hand to inject, and neutralize the nitrate of silver. In two cases in my absence, my house-physician thought it desirable to do so.

I, myself, have been led to try perchloride of iron instead of nitrate of silver, as the former would be wholly destitute of the dangers entailed by the use of the latter, and any absorption which took place would be an advantage rather than the reverse. But my results have not been nearly so good with iron as with silver. I have not experienced any practical difficulty, inconvenience, or the least danger with these large and comparatively strong injections of nitrate of silver, whilst the results have been so encouraging that I am anxious the treatment should be tried on a larger scale, and by other observers.

It will, of course, be understood that this plan of treatment is not suitable for diseases of the intestines above the ileo-cæcal valve.—*Lancet*, April 22, 1882, p. 641.

AN INTERESTING OBSTETRICAL EXPERIENCE.

Very early one March morning, two years ago, I was called twelve miles northwest of this city to attend Mrs. M., in labor. I had never seen Mrs. M. before, in fact had never heard of such a person before, and consequently knew nothing of her previous history, or very likely I would have invented some excuse to have remained at home. Before that Sunday had wholly passed I had been tempted fully a dozen times to commit suicide in order to escape the dreadful burden of my existence then and there.

Mrs. M. was a small, emaciated, frail, exceedingly nervous woman, about thirty years of age, and this was her second confinement. The first, I learned by snatches during the day, was attended by a physician in Illinois, from whence the family came, who devoted several days to its completion, and whose moral character, in consequence, was forever wrecked thereby.

Mrs. M. was in bed when I arrived, neatly encased in a highly embroidered night-gown, frilled and tucked, and inserted with lace, quite up to her ears, and surrounded by the entirely matronly force of the neighborhood, her large, black, searching eyes blinking like live coals, and her tongue going at the rate of one hundred and twenty strokes to the minute. The manner in which she had all of those women employed in waiting upon her would have outwitted the ingenuity of mortal man. Her pains were not worth speaking of, but as they came straggling along at the rate of one every half hour, she dextrously managed to overcome the whole loss of valuable time during such intrusions by drawing down the side of her face furthest removed from her friends, and nodding and smiling and endeavoring to keep up an unflagging interest in the general conversation with the side nearest to them. Whenever I attempted to make an examination, in order to determine, from time to time, how we were progressing toward some ultimate hope, she flinched and screwed herself in bed, and made things so decidedly uncomfortable for the entire household, that I had to desist and take my observations mentally. Moreover, such efforts always "chased away the pains," as she expressed it, and she would lie, in consequence, for hours, frequently, without even a twitch to disturb the muscles of her face. I passed the first few hours, until dawn, in fact, in desperate efforts to count the "ticks" of the clock. I was never so thankful for dawn in my life.

If there had not been some material changes in her pains about this time I truly believe I would have gone insane; but, as it was, however, these became a little more severe and prolonged, and I was thereby saved from an untimely grave. Her tongue, however, never ceased for a moment its usual rate of speed, and her perception of touch was more keenly alive than ever. Vainly, time and again, did I endeavor to administer ergot. The mere smell of the drug brought her stomach in such close proximity to her mouth, and her tongue so nearly assuming an attack of St. Vitus' dance, that I feared danger and desisted, only to resume my mental observations. By the time the child was born, near nine o'clock that night, my hands were a mass of raw flesh, from my

wrists to my elbows, from the prolonged pulling they had received from time to time at the hands of that woman; my coat was nearly off my back, in pieces: part of my suspenders gone; one whole sheet used up in the same pulling; the entire neighborhood completely worn out and speechless, from sheer exhaustion, and the woman herself only the ghost of a possibility. Moreover, the child was *atelectatic*; quite dead, I thought; placed in an old shawl for ten or fifteen minutes and laid by for dead, and only discovered to possess the faintest trace of life some time afterward, *accidentally*. By throwing cold water into his face frequently and repeatedly, however; by prolonged expansion and compression of the chest; by breathing into his mouth at intervals, and by spanking him lively over various portions of his body, sufficient life was manifested during a half hour's earnest work to insure safety. The child is well and hearty to-day, and I vaccinated him this summer.—*Charles H. Miller, M.D., in Med. and Surg. Rep.*

ON THE TREATMENT OF ECZEMA BY BANTINGISM.

By BALMANNO SQUIRE, M. B., LOND.

It is familiar to every practitioner that eczema is specially common amongst infants, and particularly amongst lymphatic infants; that is to say, fat and pasty-looking infants. I do not refer only to those instances in which the very fatness of the infant is the mechanical cause of the complaint; that is to say, where a "fold" of skin in the fat infant becomes raw and discharging (*intertrigo*); but I refer to the well known fact that infants of this constitution are more liable than others to eczema (of the scalp and other parts), not coming under the head of "*intertrigo*," and that their eczema is more profuse in its discharge, whether that discharge be serous or purulent, than it is in other infants; it is also more obstinate.

I recently recorded in the *Journal* some experiments I had made with iodoform as an application in such cases, and which succeeded very well as a means of reducing the eczema of such infants from the discharging to the dry condition pretty rapidly. As to that, I was supported by other writers.

But from some observations I have recently made, I have reason to think that Bantingism as applied to such infants is as rapid in its effects, and, if sustained, is of more permanent efficacy. Some years ago the late Mr. Banting was under my care for eczema, and I had an opportunity of conversing with him pretty frequently on the system of which he was the apostle. It is through this accident that the idea suggested itself to me.

I have used the word infant for the sake of convenience, but I refer rather to very young children. To Bantingise a suckling infant is, of course, not very practicable, but a child of two or three years old can be dieted very readily. It does not appear necessary to the end in view that the diet should be restricted in quantity as well as in quality, which, of course, was essential under the *regime* laid down by Mr. Banting, or rather by the late Mr. Har-

vey (the aurist) for him. It is simply necessary to limit the fat-producing elements of food for the amelioration of eczema in lymphatic young children. At least, so I have found. By this means their excessive obesity becomes diminished and their eczema very remarkably improved within ten days of commencing the regimen, and that without any injury whatever to their general health, so far as I can judge.

In place of pure milk, they should take milk diluted with an equal or even a double quantity of water. In place of bread and butter they should take dry toast or dry biscuits; and with these particular articles of food they may be supplied indefinitely. All the fat is to be carefully cut away from such meat as they may partake of, and they should not be allowed pork, veal or lamb. They may have poultry or game or fish, except the oily kind of fishes, such as herrings, salmon, eels, etc.; and the fish they partake of should be broiled (not fried). They may eat boiled vegetable tops, but not vegetable roots, such as potato, parsnip, beet-root, turnip or carrot. Beef-tea (the melted fat being carefully skimmed off) is permissible in any quantity, and so also toast and water. Cooked fruit (not sweetened) may also be allowed.

But the principles of the Banting treatment are universally known. It only remains for me to say that cod-liver oil (the favorite remedy, *par excellence*, for the condition of which I am speaking) is quite incompatible with the treatment I am advocating. Of course, the health of the child should be watched; and it should be weighed at the commencement of its dieting, and afterward from week to week.—*British Medical Journal*, April 8, 1882, p. 499.

A LABORATORY STUDY OF LISTERINE.

BY FRANK M. DEEMS, M. D., PH. D.,

President Augusta (Ga.) Academy of Medicine; formerly Laboratory Instructor in the Medical Department of the University of New York; Member of the New York Microscopical Society.

Herewith I submit the report of the investigation I have made with the antiseptic combination known as Listerine. The preparation itself is a clear liquid, of an acid reaction, a powerful, fragrant, aromatic odor and pungent taste, both of which are rather pleasant and agreeable than otherwise. Its specific gravity is considerably lighter than that of water, with which, however, it is readily miscible in any proportion.

Listerine is anti-zytomic in the strict sense of the word, as derived from the Greek *anti*. against, and *zumosis*, fermentation.

Without entering here into a discussion of the question as to whether or not fermentation of every sort (be it alcoholic, acetic, lactic, mannitic, butyric, ammoniacal, or putrefactive) is due to the action, and formed under the influence of, living organisms on the material undergoing change, "it will be admitted on all sides, first, that these living entities are the invariable accompaniments, under ordinary circumstances, of fermentative processes; second, that substances which poison or kill these germs likewise avert these

processes."* Anti-zymotics, therefore, are substances used for the purpose of preventing decomposition, but their most important use is to kill disease-germs—to destroy the activity of the living particles which constitute contagion. In this sense I believe Listerine is, from numerous, varied and repeated tests—the details of which I append to this report—a powerful and trustworthy antiseptic agent. It prevents the various fermentations.

Meat keeps indefinitely in Listerine. It is a swift and sure destroyer of infusorial life. It destroys the activity, growth and motion of low forms of vegetable life. Owing to this property, combined with its non-toxic effect on the human system in quantities medicinal and not excessive, it has the great advantage over carbolic acid in that it may be administered *internally* as well as used with freedom either by injection, lotion, or spray in the natural cavities of the body, such as the ears, nose, mouth, throat, larynx, trachea, bronchial tubes, rectum, vagina, urethra and bladder. Even in full strength Listerine does not coagulate the albumen of the flesh. I believe that, owing to its germ-destroying power and non-poisonous action, it is peculiarly adapted to the treatment of diseases affecting these parts, especially to those calling for an antiseptic remedy. Inasmuch as there is a great difference between the environment of germs in ordinary fermentations outside of the body (as in the experiments below recorded) and those in the organism, it is evident that doses and *dilutions* of antiseptics generally, and of Listerine in particular, harmless to the former, may have very great effect against the latter, because in the artificially-prepared fluids of the laboratory the micro-organisms only find comparatively inert matter, whereas in the organism they have to contend against the vitality of the globules, "which are in themselves a sort of living beings."

I have endeavored, as far as possible, to indicate the dilutions required in practice, but this point can best be settled by experience. Keeping the above statement in view, however, I believe the experiments warrant somewhat greater dilutions than those recorded in the experiments and conclusions. Pending my investigations of its power over ferments, I have used it in my daily practice, and so far my clinical experience has confirmed my expectations of its efficacy. It is an agreeable and perfect tooth and mouth wash. I have used it with success in purulent conjunctivitis (diluted one-third), and two cases of leucorrhea yielded promptly to its use. I shall look for excellent results from its administration during the summer in the various diarrheal diseases of that season, and especially in those affecting children.

CONCLUSIONS. †

Listerine up to a dilution of ten per cent. prevents putrefaction and preserves animal tissues. This solution being "sterilized" is analogous to the conditions of a freshly-made wound, and indicates

†We have carefully examined the tables reporting the conditions of Dr. Deems's experiments, and they fully justify these conclusions. We regret we have not space for the tables, which are very complete and elaborate.—Eds. *Louisville Med. News*.

*Prof. H. C. Wood.

the safety of Listerine when employed to prevent the introduction and growth of germs.

Animal tissues are preserved in it (full strength), and no putrefaction can occur in tissues immersed in it.

A twenty-five-per-cent solution of it prevents the development of bacteria and fungi in urine, and a five-per-cent. solution retards the usual changes which this excretion undergoes. This seems to recommend for cystitis and other vesical diseases a dilution of from one to four to one to ten parts as an injection into the bladder.

Fresh milk mixed with it, in the proportion of one of the latter to ten of the former, will keep wholesome for a week during warm weather. One to twenty will retard the changes sufficiently to make it a desirable article in the sick-room. This indicates an important use in typhoid fever and intestinal troubles generally.

A thirty-three-and-a-third-per-cent. solution of it prevents the development of bacteria, and consequently the decomposition of a vegetable infusion.

A fifty-per-cent. solution of it arrests the development of bacteria in a vegetable infusion.

A New Method of Embalming Bodies and Preserving Tissues.—Dr. Virodzef (Balsamirovanie, pp. xi, 164, St. Petersburg, 1881) recommends the following preparation as an efficient agent in the embalming of bodies and the preserving of tissues:

Thymol	5 parts.
Alcohol	45 "
Glycerine	2,160 "
Water	1,081 "

It is cheap, innocuous, free from unpleasant odor, possesses the property of keeping the body soft, elastic, fresh and lifelike, and does not ruin instruments. Thymol is selected as being superior to other antiseptics, and glycerine is added, both on account of its own preservative qualities and to retard the evaporation of the fluid. For the preservation of tissues, the same solution is employed. If the cadaver be quite lean, or the tissues very delicate, equal parts of water and glycerine (1,620 of each) are combined with the above quantities of thymol and alcohol. To inject a body, half its weight of the fluid is necessary. A properly embalmed cadaver may be preserved indefinitely under ordinary circumstances, gradually shrinking and mummifying without putrefaction. Specimens are either to be injected with, or macerated in this fluid. Maceration must not be too prolonged; the appearance of the specimen should act as a guide. The part, after having been thoroughly cleansed with water, and prepared, may then be exposed for months to the air without losing its consistency, form and color. Permanent specimens may be enclosed in a hermetically sealed glass vessel containing a little of the same solution. Dr. Peabody has used this preserving fluid, with excellent results, in the New York Hospital Museum.—*London Medical Record*, April 15.

ABSTRACTS AND GLEANINGS.

Mangifera Indica, or Mango.—The value of this as a therapeutic agent has in my hands proved of so great efficiency that I look upon it as a duty to make known its usefulness to the medical profession. So many new remedies have been introduced within a few years, and so many virtues ascribed to them, that it becomes a delicate subject for a physician to laud a new remedy, for fear that he may be classed as an empiricist. This, however, can not be attributed to me when I tell you that I have no interest in the sale of the article further than the good it will do to suffering humanity, and the benefit the physician who prescribes it will derive. However, I take a certain amount of credit to myself for being the first to introduce it to the medical profession. An excellent description of the article is given in the Supplement to the American Dispensatory.

I have used this drug for upwards of ten years, and can assure that it has never disappointed me in its action. I have experimented with it largely, and have found it an astringent of peculiar power. This bark contains tannin, but it differs from tannic acid in that it will not cause constipation of the bowels. It can be given during active inflammation without the slightest danger. It can be used with great advantage in cholera, typhoid fever, cholera infantum, diarrhœa, and all diseases with liquid discharges from the bowels. My first experiment with this bark was in uterine inflammation and in ulceration of the cervix, by painting the ulcerated surface with the fluid extract (full strength), and using a weak solution as an injection. I have been enabled to overcome the most obstinate diseases of this nature. In gynecological therapeutics the *Mangifera* is a most valuable agent. It lessens catamenial pain, cures leucorrhœal discharge, diminishes profuse menstrual evacuation, and corrects menstrual disorders in general. In nasal catarrh a weak solution used with the spray atomizer is, by far, the best agent I have ever used. As an internal remedy for hemorrhage of the uterus, bowels or lungs, and also in mucopurulent discharges from either, I know of no agent equal to it.

In diphtheria this remedy has, perhaps, its largest therapeutic value. I apply it in the form of the fluid extract (full strength) to the fauces with a camel's hair brush, and use a weak solution of it as a gargle. I can honestly assure the medical profession that it has never disappointed me. I do not wish it to be understood that this agent alone will cure all cases of diphtheria, but I do assert that I know of no remedial agent in the whole *materia medica* that will meet the requirements as well as the *Mangifera Indica*.

As an antiseptic agent, internally or externally employed, it will prove of great value, as it is decidedly opposed to decomposition.

Prof. Howe says: "I have found the *Mangifera* of marked service in the treatment of profuse and exhausting menstrual fluxes. In uterine hemorrhage following miscarriage, the agent exerts a

powerfully restraining influence upon the hemorrhagic waste. In the sanguineous losses which often occur about the change of life, and when uterine tumors are developing, the *Mangifera* is the most potent and reliable medicine ever introduced to the notice of the medical profession. I prescribe the fluid extract in five-drop doses every three or four hours. In a short time the influence of the medicine is observed, and in a few days the desired effect is realized. No remedial agent of so great value for the purpose named has been introduced to the profession; it is as near a specific for profuse menstruation and uterine hemorrhage as may be desired. I might report ten or twelve cases in which the medicine exerted just such an action as was wished."

Prof. Moss says of it: "I have tried the fluid extract of *Mangifera Indica*, and find it to be an astringent of superior power. There is a property in it not found in ordinary astringents. I had a case of chronic diarrhoea of long standing, attended with indigestion, debility, and much pain in the umbilicus. I suspected ulceration, and gave the patient hydrastis and bismuth, but only with partial relief. About this time I secured the *Mangifera Indica*, put the patient upon it, and cured the diarrhoea. I have waited for several weeks, and find the effect so far permanent. I am much pleased with it, and predict that it will prove a valuable acquisition to our list of astringents."

It has the following advantages over other astringents: The dose is small, easily taken, has no disagreeable taste, does not derange the stomach; hence, it is well adapted to infants and persons with fastidious stomachs. It is rapid in its action, and more certain in its effects than most other remedies.

For the benefit of humanity, I introduce this remedial agent to the medical profession, hoping that my brethren will try and prove its value from their own standpoint.—*Eclectic Medical Journal*.

Surgery and the Doctrine of Evolution.—C. Pittfield Mitchell, M. R. C. S., of Orange, N. J., contributes to the "New York Medical Journal and Obstetrical Review" for September, 1882, an essay, entitled, "An Evolution Aspect of the Healing of Wounds, with Deductions as to Treatment." As the author tells us in a prefatory statement, this is an application of the Spencerian doctrine of evolution to some of the phenomena of reparative action. The essay sets out with a classification of methods of repair from the standpoint adopted. Next, the grounds for this classification are given, and incidentally we are introduced to an important conception—arguing that, since whatever is profitable to an organism, in the way of structural or functional variation, will be taken advantage of by heredity and natural selection, the functional changes naturally involved in recovery from disease will come within the sphere of their operations. With the zymotic diseases, for instance, natural selection may segregate, and heredity may fix, both the physiological peculiarity which insures immunity, and the physiological activities which establish the *status quo* when the disease has been contracted. Entering upon the immediate topic of the paper, the phenomena elicited by an incised wound, as the

occlusion of arteries, the organization of plastic lymph, the development of granulations, and the physiological adjustment of the tissues to new external conditions, are viewed as non-specific functions of the tissues injured superadded to their specific functions. Deducing the evolution of these phenomena from the known action of physical forces, the shares taken by natural selection and sexual selection as factors are then dwelt upon. Special attention is directed to the protective value of the plastic lymph forming on the surfaces of wounds, and the evolutionary steps are described by which this function is acquired. Passing from the structural, the evolution of certain more strictly functional adaptations is next considered. Knowing, in general terms, the atmospheric and other forces to which wounded tissues in the past must have been exposed, the corresponding accommodations of function are inferred. Thus, the general conclusion is drawn that "the molecular constitution of wounded tissues should fit them, on the average, for contact with a mean atmosphere, and certain moderate deviations from this mean." It is pointed out that, although traumatic injuries are not necessary accompaniments of life, they are of such frequency among the lower animals and man as to give validity to this conclusion. An absence of organized adjustments of function to the remaining forces commonly incident upon wounds is inferred from the inconstancy, diversity and nature of these forces. Such deductions are shown to harmonize with experience, and certain principles of treatment for healthy wounds are presented as corollaries. The gist of them is, that, so far as the exigencies of practice will permit, wounds should be shielded from the incidence of any force to which we may know *a priori* there cannot exist an organized adaptation. A normal atmosphere should be maintained, and cleanliness should be absolute at every step. Believing that the plasma exuding from the severed tissues is, by "its chemical and mechanical properties, and contact with environing forces during evolutionary time, specially fitted to protect the less stable cells which lie underneath," much importance is attached to the preservation of its integrity. "Wounds should remain open until the surfaces have become glazed, and all interfering applications should be scrupulously withheld." Finally, a verification of these inferences is found in the facts disclosed by Dr. McVail, in his paper in the "British Medical Journal," for July 23, 1882, on the results of "Ten Years' Surgery in Kilmarnock Infirmary." The method of dressing employed (dry-dressing) essentially fulfilled the above-mentioned theoretical requirements, and gave, on comparative analysis, the "best general results covering a lengthened period of time that have ever been recorded in the history of British hospital surgery;" and the last group of cases reported—numbering 421, including 90 operations, 23 major amputations, 45 injuries, 52 abscesses and 7 compound fractures—showed not a single fatality from any cause.

Colostrum in the Milk as a cause of Cholera Infantum.—Dr. Gilbert, in Louisville Medical News, says: "Another common cause of intestinal irritation in infants, which of course comes un-

der the general head of "bad food," is the presence of colostrum in the mother's milk. There are various conditions of the mother under which this substance—which is not only indigestible, but a decided irritant—may make its appearance in the milk, viz.: menstruation, pregnancy, mental anxiety, etc.; but a condition which, under my observation, has caused the appearance of large quantities of colostrum in the milk is prolonged sexual excitement; and, so far as I am aware, attention has not heretofore been called to this fact. I will report a few cases from some notes in my memorandum-book.

Two summers ago Mrs. B., of Nashville, visited this city, bringing with her a healthy infant six months of age. After about three weeks time her husband visited her, and on the morning following his arrival their child was attacked with a severe serous diarrhœa, complicated with convulsions, which terminated in death in thirty-six hours. On inquiry the mother admitted that at three successive intervals during the night she and her husband had indulged in sexual intercourse, and that the child had been put to the breast immediately after each act.

Another case was that of an infant wet-nursed by a mulatto woman for a delicate lady. The nurse had remained at the lady's house, day and night, caring for the infant exclusively for a period of five weeks, during which time the child remained in perfect health. The husband of the nurse having returned from a protracted trip to New Orleans as porter on a steamboat, she was permitted to go home and spend the night with him, upon promise to return early next morning; which promise she kept, returning fagged and weary (as the lady described her), and immediately gave the breast to the infant. In an hour or two thereafter this infant was seized with severe symptoms of cholera infantum. I was asked to see the child, and, after hearing the history of the case, at once suspected colostrum in the nurse's breast, consequent upon a night of venery, which the nurse admitted on interrogation. The microscope showed an abundance of colostrum in a sample of her milk obtained as late as 9 o'clock upon this day.

I will mention still another case occurring during the heated term of last month (June, 1882.) The husband (a stout laboring man) of a healthy Irish woman with an infant ten months old, had been absent about twenty days, but returned early on one Sunday morning. During the day and evening he had sexual intercourse several times with his wife, and the infant was put to the breast and allowed to nurse freely during the intervals between the sexual acts. Two hours before daylight on the following Monday morning I saw the child presenting a typical case of cholera infantum, which came very near terminating fatally.

I could report a number of other cases similar to the above, but believe these sufficient to suggest, if they do not demonstrate, this theory of causation.

In conclusion, I would suggest that while we are busy in correcting the various conditions which have hitherto been admitted as causes of cholera infantum, it would be well to caution the nursing mother against protracted sexual excitement, and especially

against putting her infant to the breast very soon after such indulgence; possibly in three or four hours after sexual intercourse the milk may regain its normal condition. We should not lose sight of the fact that during dentition the physiological process known as development of the gastro-intestinal follicles is also taking place, which causes a great determination of blood to the parts, thus rendering the intestinal mucous membrane hypersensitive and more easily deranged by any indigestible substance in the infant's food, no matter how produced."

Pasteur's Investigations on Rabies.—The Paris correspondent of the *British Medical* writes of M. Pasteur:

This eminent biologist has made some most important contributions to science, and his name will ever be connected with his ingenious researches on fermentation, and other important discoveries; but he has drifted into a more speculative kind of scientific experiments. As an example of this may be mentioned his recent experiments with the saliva from the mouth of a child with rabies, with which he inoculated rabbits and guinea-pigs. All the animals died, and their blood was found to contain myriads of micro-organisms, which he concluded to be the specific germs that produce hydrophobia. He then performed a second series of experiments, by inoculating other rabbits with the blood of those that had succumbed from the first inoculation. These also died, and their blood was found to contain the same micro-organisms. He, however, soon discovered by further experiments, but this time with the saliva of children who had died from other diseases, that the results were precisely similar to those observed with the saliva of the child. In pushing his experiments still further, but with the saliva of a healthy adult, he met with the same results and the same germs as in the preceding cases. This rather puzzled the persevering experimenter, but he is not so easily beaten; and if he has not yet discovered the real nature of the virus of rabies, he fancies he has laid his hand on the organ that secretes it. According to him, the virus of the rabies is not secreted by the salivary glands, but by the brain—or rather, the latter is the seat of the malady; and, in support of his thesis, he inoculated a small portion of the bulbous extremity of the medulla oblongata of a rabid animal under the cerebral covering of a healthy animal. The latter became rabid. These results were recently communicated to the Academy of Medicine, in a paper read by the general secretary for the learned experimenter, which called forth some trenchant remarks from M. Bechamp, who positively refused to accept the principle on which M. Pasteur has hitherto founded most of his theories, and added that it is not outside the body that one must look for the germs or elements of destruction; but they are to be found in our body, in the form of microzymes, which are the only cause of all fermentation, and the lowest element to which our organism can be reduced. Nothing daunted, however, M. Pasteur continues his parasitic warfare with unbroken zeal; and, by further experiments with human saliva, he has made the startling discovery that the saliva of a person fasting is venomous, as it

contains the same parasites as those found in the saliva of children above described; but that, on the person breaking his fast, his saliva is deprived of the venomous quality, as the parasites are taken into the stomach with the food. All this is terrible to contemplate; and even M. Pasteur was confounded, as the result of his experiment was as awful as it was unexpected. The learned biologist made no attempt to offer any explanation, but said that he would for the present only point to the fact, which, he added, was in itself very suggestive.—*Med. and Surg. Rep.*

Treatment of Snake-bite.—Dr. Vincent Richards (Indian Medical Gazette, January) offers the following suggestions as to the treatment of snake-bite: 1. In the case of the bite being on a limb, a ligature should be at once applied above the bitten part, care being taken that it is sufficiently tight to prevent any blood being taken up into the general circulation from the distal end; give a full dose of opium (forty minims of the tincture, or half a grain of morphia) hypodermically. 2. Inject hypodermically, into the bitten part, a solution of the permanganate of potash (one grain to a drachm), and well press the part with the fingers. 3. Open a vein below the bitten part, and wind round the limb an elastic bandage, so as to exsanguinate the limb below the bitten part. 4. Cut through the bitten part, and, when dry, apply pulverized permanganate, and then loosen the ligature. In the case of a person bitten on the trunk, any treatment, however prompt, may be useless; but it would be well to inject the part with permanganate, and give a full dose of opium. "It may not be generally known to the members of the profession that a poisonous bite may be easily ascertained by cutting through the punctures into the areolar tissue beneath, when, if a red-currant-jelly-like appearance be observable, the bite is poisonous. The merit of pointing out the diagnostic value of this local appearance is due to Dr. Wall."—*Med. and Surg. Rep.*

A Dose of Quicksilver.—One night at about one o'clock, the writer was summoned to visit a patient, who, the messenger reported, had been sick ten or twelve days, and, as he seemed to be quite dangerously ill, requested immediate attendance. He had been attended by two physicians of considerable note, who diagnosed the case as one of intussusception, and, after exhausting all other means within their knowledge, resorted to the final one of administering about two table-spoonsful of quicksilver. After watching the opposite orifice for the appearance of the lively fluid about three hours, without realizing their hopes and expectations, they gave it up as a bad job, and pronounced sentence of death on the poor victim; for, they informed the friends, if he did not die from the effects of the disease, he certainly would from the medicine, and they left instructions to make him as comfortable as possible as long as he lived, for they could do no more. We found the patient a man of about 65 years of age, tall and spare, suffering great pain all over the abdomen, which was very tender to the slightest touch and considerably distended; the knees were drawn

up; there was an anxious expression of countenance, a slow, feeble pulse, cold perspiration and a coated tongue. The case had the general appearance of one suffering from peritonitis and we so treated it. Instead of using cathartics to force the contents through the paralyzed intestines, the bowels were kept perfectly quiet by the free use of opium for about seven days; arsenic, bryonia and aconite were used internally with hot fomentations of hops applied externally. At the end of a week nearly all traces of the inflammation had disappeared, when a decoction of senna and aloes was used with directions to retain it as long as possible; after a few hours the bowels began to move freely, and the two first evacuations contained about a tablespoonful of pure quicksilver and about three times that amount of what appeared to be a black oxide of mercury.

After this the patient went on to a rapid recovery without the slightest indications of ptyalism or any other symptoms of mercurial poisoning. It has generally been supposed that if quicksilver does not produce the desired cathartic effect in a short time, it will cause death; but this case seems to refute the popular idea. If gangrene has commenced in an intestine in a case of intussusception before or soon after the administration of the quicksilver, the latter, no doubt, would hasten the fatal moment by rupturing the intestine; but, as the above case shows, no immediately fatal results follow when the intestines are strong enough to hold it. We believe that it should never be given under any circumstances, for it never did good.—*Investigator*.

Salicylate of Potassa in Acute Rheumatism and Dyspepsia.—Dr. M. Donnelly, of New York City, in *Virginia Medical Monthly*, said of the above remedy at the American Medical Association: "I was convinced that there was merit in salicylic acid, provided it could be employed with safety, and I made some experiments, hoping to find some alkali in greater proportion than soda, so as to produce a thoroughly alkaline salicylate, which I finally found in the bicarbonate of potash.

Two parts of bicarbonate of potash and one part of salicylic acid dissolved in a little water, formed a neutral solution. The potash was then increased in quantity until one part of the acid united with two parts of potash—say ten grains of acid to twenty grains of alkali in a drachm of water—formed a clear alkaline solution. This solution evaporated to dryness, left a strong alkaline salt of grayish color, sweetish taste, soluble in double its weight of water, which I called salicylate of potassa. The action of this remedy is very rapid. It becomes absorbed rapidly, and its influence is felt in a few hours in mitigation of pain. In mild cases the urine and perspiration become alkaline in character in a few hours, but in severe cases several days are required to effect these secretions. This point once reached, improvement is progressive. The sediment in the urine disappears, the metastatic character of rheumatism goes with it, and the case goes on to recovery. The remedy is used until all pain and swelling are relieved, and it is then necessary to guard against relapses, which appear at this stage,

owing to the lessened powers of resistance to cold of the patient, caused by thinness of the blood. To establish the rich, warm, normal condition of the blood is most readily accomplished by the use of an alkaline form of iron, and the best of all is tartrate of iron and potassa. As to the causes of rheumatism, most all physicians agree that abnormal digestive secretions take a prominent part in forming the lactic acid in the blood.

This remedy is too valuable in the treatment of flatulence, pyrosis, heartburn and loss of appetite—in fact, all symptoms of dyspepsia of the acid form—to be passed without mention. Its power in controlling fermentation first led me to prescribe it in flatulence, given in powder after meals. It not only relieved this symptom, but digestion improved under its use. With an experience of over two hundred cases of dyspepsia cured by salicylate of potassa, I can unhesitatingly recommend it for any of the bitter tonics. It will be found successful in nine cases out of ten, the tenth one requiring mineral acids, owing to the bilious condition of the patient.

The Secrets of our Patients.—British Medical Journal, March 18, 1882: The Journal de Medicine de Paris contains a letter from a correspondent detailing a hypothetical case, in which the medical attendant delivers a woman of a syphilitic child, when, to his knowledge, the father is exempt from the disease, and desires to know whether it is the duty of the medical attendant to inform the father of the nature of the disease from which the child is suffering. M. Diday replies to the latter, and maintains that such a case offers no exception to the general rule, that the secrets of our patients are inviolable. He points out that when the child is born dead, as a rule, no questions would be asked, and if they were it would be sufficient to say that there was commencing putrefaction; but when syphilitic symptoms are manifested by the child after birth, he thinks the medical man can easily discover the real state of things; and he believes that it is only necessary for him to insist on the mother nursing the child herself, so as to avoid infecting anyone else; and should she herself show any symptoms of the disease, to submit herself at once to treatment, and to persevere in it actively and to the end. We may add that we quite agree with M. Diday; any other view is obviously founded on a principle which would make one law for the husband and another for the wife; for who ever heard of a medical man feeling himself bound to tell a wife that her husband had acquired syphilis?—*Mich. Med. News.*

Does Quinia Increase or Lessen Intracranial Blood Supply?—Those who have given it in small doses, say 2 to 5 grains every four hours, have seen the pulse increase in force and frequency, the conjunctivæ injected and retinal vessels full and the activity of the functions generally raised above the usual level. They hold, therefore, that quinia increases the intracranial circulation. Experimental evidence has also been adduced. The meninges of animals exposed, the membranes are seen under the action

of quinia to become more vascular and the cephalæ-hæmadynamometer registers higher intra-cranial blood-pressure. The very opposite conditions are observed when large doses are administered, say 3i or more. Then the pulse is slowed; the face grows pale, the retinal vessels become small and there is much of that tinnitus and vertigo significant of cerebral anæmia. Experimental researches show that the cerebral meninges are pale, exsanguine, and blood-pressure low. Still more conclusive is that accidental experiment made on man—the quinia amaurosis—in which there is an extreme pallor of the optic discs, the vessels of the largest size appearing as minute threads, and large numbers of vessels usually in view have disappeared. Several examples of this kind have been observed by Knapp and other ophthalmologists after the exhibition of large doses of quinia.—*Bartholow, Med. News, Aug. 26.*

The Anti-Fat Dietary.—Our corpulent friends may be interested in the report of Mr. Joseph Harrass's attempts to get rid of his superfluous burden of flesh, especially as the dietary followed does not seem, on the face of it, to be an objectionable one, and has not proved injurious to health in his case. The facts are stated in the *Herald of Health* as follows:

He was corpulent, had irregular and feeble action of the heart, tendency to fainting, difficulty of breathing, and many disagreeable sensations in the head indicative of nervous exhaustion. Height, five feet six inches; normal weight, one hundred and fifty pounds; age, fifty-nine; weight at beginning of treatment, two hundred pounds. Began treatment October 8th. Treatment as follows: Breakfast—Vegetables, brown bread (toasted), water; with lemon juice, and occasionally oatmeal. Dinner—Vegetables, brown bread, water and plain pudding. Supper—Brown bread (toasted), stewed fruit and water. No tea, coffee, cocoa or milk, except skimmed, and only a trifle of butter. Result:

End of October weighed	187 lbs.
“ November “	182 “
“ December “	177 “
“ January “	174 “
“ February “	173 “
“ March “	170 “
“ April “	168 “
“ May “	166 “
“ June “	186 “

Present weight.....150 “

All the distressing symptoms have been relieved, and the patient is so well he can again carry on his business. His physical and mental strength have been greatly increased.

Mr. Harrass says he has suffered no serious discomfort from his diet, except when away from home, and he feels as if he had learned an important lesson as to how to reduce his corpulence—which has been such a source of discomfort—and once more enjoy life.—*Boston Four. of Chem.*

Intermittent Fever and Quinine Hypodermically.—In the Lancet Dr. P. A. Smith contributes the following case: A sailor, aged 32, had been sick for three months, with continuous quotidian fever and scurvy. On the day after his admission into the hospital it was deemed advisable to test the statements he had made as to his febrile condition, by allowing him to remain in bed and giving no medicine. At 8:45 a. m. he felt cold, and at 9 a. m. his temperature in the axilla was 102° F., and at 11 a. m. 104°; after which there was a gradual decrease every half hour until 1 a. m. when it was 100.4 F. He was ordered a hypodermic injection of six grains of quinine at 8 p. m., to be repeated at 8 the following morning. It was reported the next day that he passed freely and without fever through the usual times of having the paroxysms. There was no increase of temperature and no uneasiness, and he says this is the first time he has been free from fever for the past three months. He had two injections at the same hours on the two following days, when it was noticed that the arm where the injection was given was somewhat tender, and the quinine was given by the mouth, dissolved in tartaric acid, which mixture was continued in diminishing doses for the next fourteen days. He daily gained in strength, and left, three weeks after admission, in excellent spirits. No slough or abscess marked the site of the injections, and the pain experienced at the time of injection was slight and soon passed away.—*Med. and Surg. Rep.*

Immunity of the Chinese from Disease.—The medical officer of the State Board of Health of San Francisco has given his testimony as to the effects of residence among the Chinese, which has been laid before the Congress. He states that he never knew any disease or pestilence originating or spreading in the Chinese quarter. He admits that the Chinese live quite close, and attributes their healthy condition and immunity from disease to their frugal life. "They eat," he says, "only what is necessary to live upon. They eat to live, and do not live to eat. They are clean in their habits, and they drink no whisky. I have never seen a drunken Chinaman in my life. They consequently obtain a better resisting power to the attack of disease. They constantly wash themselves, and keep themselves and their clothes clean. The death-rate is greater among the whites than among the Chinese—greater with adult white people than with adult Chinamen. There have been no epidemics among them, and there has been less small-pox among them than among the whites, the ratio of population being allowed."—*Boston Jour. of Chem.*

Carbolized Nerves as Ligatures.—Dr. Jno. A. Wyeth, of New York city, publishes in the Archives of Medicine for June an account of certain experiments which he has made with carbolized nerves as ligatures. The advantages presented by nerve-tissue for this purpose are, that it is easily obtained in a perfectly fresh state from the butcher, is strong by virtue of its neurilemma, and soft, because each nerve-fiber is surrounded by the cushion-like white substance of Schwann. He tied the carotid in a horse

and also in a greyhound with the carbolized nerves, and found on subsequent dissection (in the fifth week after the operations) that, while the artery was completely occluded, its continuity was unbroken, there being only a depressed ring, scarcely perceptible, at the point where the ligature constricted it. The ligature, moreover, had undergone complete absorption. The superior strength and smoothness of nerve-tissue seem to bespeak for it great advantages over the animal ligatures now in use.—*Louisville Med. News.*

Castor Oil as a Lactagogue.—In the Transactions of the Lancaster County (Pa.) Medical Society, Dr. P. J. Roebuck reports the following: Mrs. O., aged 42 years, has given birth to nine children. The first seven were raised by artificial food. I attended the woman in her eighth confinement, August 8th, 1878, and determined on an effort to establish the lacteal secretion. The treatment consisted in a liberal diet from the outset, such as eggs, oysters, beef, milk, cream, etc., with a thorough and continued application of castor oil to the mammary gland. With this treatment I succeeded fully, and enabled the mother to nurse her child for the first time in eight confinements, for a period of eighteen months. Jan. 16th of the present year the woman gave birth to her ninth child, and is now, under the same treatment, supplying all the milk necessary to the comfort and growth of her child.—*Med. Summary.*

The Value of *Viscum Album* or Mistletoe in Affections of the Heart.—In a communication to the Practitioner for November, 1881, Dr. R. Park, of Glasgow, states that among a clientele consisting mostly of miners, he found an unusually large proportion of cases of heart disease. Some were displacements, some valvular disease, some hypertrophy, some asthenia and palpitation simply. Rheumatism and the cramped position in which the men worked were variously blamed for the morbid conditions. Whatever the exact pathological condition might be, incompetency and tumultuous distressing cardiac action were the immediate symptoms calling for treatment in those that presented themselves. For these he prescribed 3 ss doses of tincture of mistletoe every four hours, with the very best results; all the patients returning with the above symptoms ameliorated. The Doctor regards the mistletoe as a valuable substitute for digitalis.—*Med. and Surg. Rep.*

Large Dose of Chloral.—The Chicago Medical Review reports a case where a patient with epileptic mania took one ounce of chloral hydrate. After some time the stomach-pump was resorted to, and hypodermic injections of whisky and strychnia were administered. The patient sank in a few minutes into a deep slumber which lasted forty-eight hours. On the third day a vivid scarlatiniform eruption appeared over the whole body, which fully desquamated within two days. Otherwise no unpleasant results followed except marked tenderness, for a long time, of the buccal mucous membrane. The fits were less frequent after the accident.—*Maryland Med. Jour.*

SCIENTIFIC ITEMS.

Canals on the Planet Mars.—The Rev. T. W. Webb, author of "Celestial Objects for Common Telescopes," writes thus to the London Times respecting Schiaparelli's discovery of "canals" on the planet Mars: "It has long been known that the planet Mars is so mapped out into brighter and darker portions as to suggest the idea of continents and oceans, and the analogy thus implied with the arrangements of our own globe is strengthened by the existence of brilliant white patches, as of snow or ice, situated at or near the planet's poles of rotation, and varying in extent with its changing seasons, as well as by occasional differences in outline or coloring, which may well be explained by the supposition of a vaporous atmosphere.

"In the autumn of 1877 and spring of 1878, a number of minute, straight black or dusky bands were detected by Schiaparelli, traversing and subdividing the supposed continents in various directions. These have been called, from their aspects, "canals," though, of course, their scale entitles them rather to the appellation of straits, or very long, narrow arms of the sea. A view of these had previously been seen by various observers, but to the Italian astronomer belonged the credit of developing and delineating them as a system. At the ensuing return of the planet in 1879-80, they were again detected and drawn by him with very little difference. But during the course of last January and February he has been so fortunate as to perceive the duplication of these dark streaks by the addition of parallel lines of similar character and length in no fewer than twenty instances, covering the equatorial region with a strange and mysterious network, to which there is nothing even remotely analogous on the earth, and which leads us at once to see how premature have been our conclusions in this respect, and how far we still are from any adequate conception of the real constitution even of our nearest neighbor but one in the solar system."

The results of the tenth census are given to the public in installments, the last of which, it is hoped, may be reached before the eleventh census is begun. Among other facts which have thus far been divulged are the following: The number of families in the United States is 9,945,916; average number of persons to the family, 5.04; number of dwellings, 8,955,812; average number of persons to a dwelling, 5.60. The average number of persons to the square mile is 13.92, but the distribution is highly unequal, the District of Columbia having 2,537, and Rhode Island 221 persons to the square mile, while in Wyoming Territory one person is distributed over five square miles. If the whole area of the country were divided pro rata among the inhabitants, each individual would possess 45.98 acres, or each family 231.74 acres: a clear indication that the period of overcrowding on the American continent is still very comfortably remote.—*Mech'l News*.

The "Smartness" of Worms.—"I have made some of my most interesting studies of nature in the morning," said Seth Green. "That is the time to see the insects at their best—to see the mud wasps stinging the spiders without killing them, and packing them away where they are kept alive for weeks to be used when needed. I have seen a small green worm hanging down on a web. An ant, stationed on the limb above, pulls up the web, and, just as the worm comes within reach of his tiny claws, down drops Mr. Worm. The ant pulls up again and again and the worm lets out another reef and goes down. This sort of thing continues until finally the ant grapples the worm and both go down together in a grand scramble, in which the worm manages to shake off the ant. This leaves the worm on the ground. His web is so strong that the other end is still fastened to the limb above. What does Mr. Ant do? Give it up? No, sir. I have seen him go up the trunk of that tree, crawl out onto the same limb and go to work again pulling up the same web. Then, after another battle, I have known the ant to get the better of the fight and lug the worm off to his hole, three rods away.—*Ex.*

In round numbers, there are now 100,000 miles of railroad in the United States. The length of lines of which the track has been laid exceeds this figure somewhat; the number of miles in operation may fall a trifle below it. But the close of the year 1882 will see more than 100,000 miles of railway in running condition, as the lines are stretching out at the rate of 200 miles per week. The cost of this 100,000 miles of road, first and last, has been about \$6,000,000,000; and Henry V. Poor, the special historian of railway progress in America, believes that ten years hence a total of 200,000 miles will have been reached, representing an investment \$10,000,000,000.

Greatness.—Nothing seems to me clearer than that greatness, whether mental or moral, depends mainly on innate powers and impulses which are in part inherited, but by no means wholly so. There is only this difference, that the highest goodness may ultimately be reached by whoever will seek it steadily and passionately; but no strength or persistency of desire for intellectual distinction can possibly achieve it, unless the brain is favorably formed. It depends mainly on natural disposition whether we choose to be saintly; but, if we do choose, then saints we shall become. We must be born kings of thought, or we shall never wear that crown.—*Ex.*

Cleans Pens.—A writer in a German paper states that it is a custom in offices in that country to have a sliced potato on the desk in commercial houses. He does not state whether the esculent should be raw or not, but as it is not for the purpose of making kartoffel-salat, it is probably raw. It is used to clean steel pens, and generally act as a pen-wiper. It removes all ink-crust, and gives a peculiarly smooth flow to the ink. He also states that the Hamburg clerks pass new pens two or three times through a gas flame, and then the ink will flow freely.

PRACTICAL NOTES AND FORMULÆ.

Excoriated Papular Eczema.—It is a case where strong remedies are needed. There are two or three lotions that may be used. Carbolic acid and thymol both act happily in such cases. The alkaline tar lotion also might be used, according to the following formula—

R Picis liquidæ..... ʒ ij,
Potassæ..... ʒ j,
Aquæ..... f. ʒ v.

M. Sig. Dilute a teaspoonful into two or four ounces of water, and use freely as a lotion.

In this case, however, we will first employ the carbolic acid, prepared as follows—

R Acidi carbolici..... f. ʒ ij,
Glycerinæ..... f. ʒ ss,
Alcoholis..... f. ʒ ij,
Aquæ..... ad Oj.

M. This will be applied freely, three times a day, for ten minutes at a time. The application may cause smarting, but its use should be persisted in for three or four days. At the end of this time the more acute symptoms will have subsided, and we will substitute the lotion by an ointment of white precipitate or calomel, thirty grains to the ounce of cosmoline and oxide of zinc ointment. The use of the lotion may, perhaps, be repeated from time to time. It will, probably, require several months to effect a complete cure.—*Med. and Surg. Rep.*

Camphorated Chloro-Tannate of Iodine.—The above named preparation to be used as a topical application to bleeding ulcers and cancers of the cervix uteri, is made as follows—

R Chloral hydrate..... ʒ i,
Iodine..... ʒ ss,
Oil of camphor..... ʒ vi.
M. S. ft. sol., et. adde.

Tannic acid q. s. to bring the mixture to the consistence of thick syrup.

For hemorrhagic ulcers and cancers of the cervix uteri, we have found the above preparation an excellent application, both as a hemostatic, deodorizer and alterative. For bleeding cancers, we use the medicine pure, by charging a pledget of candlewick with the mixture, and placing it against the affected part, filling in the vagina below with dry clean wicking. The application should be renewed every day, as long as hemorrhage threatens or bad odor persists; and before each dressing, the parts should receive a pro-

longed hot syringe-bath, with a dilute solution of chloride of zinc. Then more emollient applications—as the comp. iodoform ointment—will be in order.

A good formula for

COMP. IODOFORM OINTMENT.

R	Iodoform,	} aa 3 i,
	Ergotin.	
	Pine tar.	
	Balsam,	
	Vaseline.	3 i.
M.	S., ft. ung.	

In the treatment of ulcers, the first named preparation may be mitigated with vaseline to suit the case. Of course, each case should receive appropriate constitutional treatment, both medical and hygienic.—Dr. Q. C. Smith in *Southern Practitioner*.

Cracked Nipples.—Le Paris Medical publishes a number of formulæ, which are recommended in this complaint—

No. 1.	R	Cosmoline.	3 xiiss,
		Liquid balshm Peru.	5 i $\frac{1}{4}$. M.
No. 2.	R	Oxide of zinc.	5 i $\frac{1}{4}$,
		Cold cream of cosmoline.	3 x. M.
No. 3.	R	Glycerole of starch.	3 viiss,
		Oil of cade.	m xlv. M.
No. 4.	R	Cocoa butter.	3 iiss,
		Oil sweet almonds.	3 ss,
		Extract of rhatany.	m xv. M.
No. 5.	R	Gutta percha.	3 j.
		Pure chloroform q. s. to dissolve.	

By anointing the excoriations with this a slight film is formed, which will not become detached, even after sucking.—*Med. and Surg. Rep.*

Diphtheria.—

R	Tinct. ferri chlor.	3 iv,
	Quinia sulph.	grs. xxxii,
	Elix. simp.	3 i,
	Aquæ add.	3 viii.

Sig. Tablespoonful every four hours in water.

R	Tinct. ferri chlor.	3 i.
	Chlor. potassa.	3 i-ss,
	Acidi carbol.	gtt. xl,
	Glycerine.	3 i,
	Aquæ add.	3 viii.

Sig. Swab the throat every hour: use a probang.—D. W. Ham, M. D., in *Medical Brief*.

Constipation.

R	Leptandrin.....	grs. xx,
	Ext. colocynth comp.....	grs. xx,
	Powd. podophyllin.....	grs. x,
	Syr. rhei aromat.....	$\bar{3}$ iv.

Sig. Teaspoonful three times a day.—*Ex.*

Fuming Inhalations in Asthma.—

R	Potas. nitras.....	$\bar{5}$ ss,
	Pulv. anisi fruct.....	$\bar{3}$ ss,
	Pulv. stramonii fol.....	$\bar{3}$ i.

M. A thimbleful placed on a plate is pinched into a conical shape and lighted at the top—burns like a pastile and held near the patient who inhales the fumes.—*Phila. Med. Times.*

Blackberry Extract in Diarrhœa.—Dr. B. F. Humphreys, (in Medical Brief) recommends the following in diarrhœa and dysentery:

R	Ext. rubi fluid.....	$\bar{5}$ iij.
	Syrup, rhei aromat.....	$\bar{3}$ j,
	Ext. hamamelis fluid.....	$\bar{5}$ iij,
	Tinct. opii.....	$\bar{5}$ ij.

M. A teaspoonful every two, three or four hours. A child should be given five drops for every year of its age. Blackberry is an old and popular remedy in intestinal disorders. The above is an agreeable method of administering it.—*Ex.*

A New Remedy—Jamaica Dogwood.—Mrs. H., at. 60, had suffered with asthma for forty years, almost daily, a chronic case aggravated by a change of temperature. I saw her November 10, 1880; countenance pallid, respiration labored, and was propped up in bed by pillows and chairs. She said, "Doctor, can you help me?" I answered, "I will try." "You think differently, Doctor, from Dr. R.," she said, "for he says I can't live long." I prescribed—

R	Ja.naica dogwood, fl. ext.....	$\bar{3}$ ij,
	Syr. lpecac.....	$\bar{5}$ j,
	Syr. aurant. cor.....	$\bar{3}$ ss.

M. Sig. Teaspoonful every hour until the paroxysm shall cease; afterwards, once in four hours until morning.

The medicine gave almost instant relief. Next morning I continued the same prescription, alternating with a teaspoonful of the tincture of cinchona every six hours. I visited the patient twice subsequently and discharged the case. The lady has removed to a distant State, but she always keeps the medicine on hand, and she informs me in a recent letter that it always cuts the paroxysm short.—*Brief—Therapeutic Gaz.*



EDITORIALS AND MISCELLANEOUS.

OMISSION.—We regret the accidental omission, by our printers, of a part of the interesting paper in our last issue entitled "*Clinical Report of a Case of Compound Comminuted Fracture,*" etc., by Drs. Hays Bros., of Marianna, Ark.

SOUTHERN MEDICAL COLLEGE, ATLANTA.

This Institution opens the present year on the 5th of October, giving greater length of session than heretofore. The school is now fully equipped with both Hospital and Clinical advantages. The curriculum of study embraces all departments, and the Faculty composed of active and zealous men in the profession, experienced as teachers, and well up with all the modern advances in medical science.

THE Eighth Annual meeting of the Tri-State Medical Society will be held at Terre Haute, Indiana, September 26th, 27th and 28th, 1882, with the following officers:

President—J. M. Holloway, Louisville, Ky.

Secretary—G. W. Burton, Mitchell, Indiana.

Treasurer—F. W. Beard, Vincennes, Indiana.

J. E. Link, Terre Haute, Ind., Chairman of Committee of Arrangements.

Wm. Porter, St. Louis, Missouri, Chairman of Committee of Programme.

MEDICAL COLLEGE ADVERTISEMENTS.—Read the advertisements in this issue of the Southern Medical College, Atlanta, and the Jefferson Medical College, Philadelphia, representative Institutions of the two sections of the Union.

MISTAKE.—The article on Gonorrhœa, in our August number, was written by Dr. T. H. Lyon, and not T. H. Logan, as it was made to appear.

NEW YORK POST GRADUATE MEDICAL SCHOOL.—See the advertisement of this Institution in the present number of our Journal.

BEEF PEPTONIDS.—See advertisement of this valuable preparation in this No. of Journal.

WE invite attention to Colden's Liquid Beef Tonic in this issue of our Journal.

LISTERINE.—See the advertisement of this valuable article in our Journal.

SEE new advertisement of Anglo Swiss Milk Food.

MEDICAL SOCIETY OF VIRGINIA.

The transactions of the Medical Society of the State of Virginia should have been earlier noticed. The last meeting was held on October 10th, 11th and 12th, 1881. The proceedings were published in the January number of the Virginia Medical Monthly, and makes 173 pages of that issue.

The President, Dr. Hunter McGuire, very pleasantly departs from the usual routine, and makes the Annual Address upon a special subject—Clinical Remarks on Cancer of the Breast. The address is an able one.

The papers read before the body nearly all evince ability and research. They were as follows:

Report on advances in Anatomy, by Christopher Tompkins, M. D.

Report on the Advances in Surgery, by Meade C. Kemper, M. D.

REPORT ON ADVANCES IN PRACTICE OF MEDICINE, by Bedford Brown, M. D. Catarrhal Deafness, by J. A. White, M. D. Emetic effect of Chloroform administered by deglutition, and the advantages of Hydro Bromate of quinine hypodermically, by G. W. Semple, M. D. Physiological and therapeutic action of the sulphate of quinine, by Otis F. Manson, M. D.

President elect, G. W. Semple, of Hampton. Recording Secretary, L. B. Edwards, Richmond. Place of next meeting. Fauquier White Sulphur Springs, Va.

Dr. S. B. Morrison, of Brownsburg, will deliver the Annual Address to the Public.

AMERICAN MEDICAL ASSOCIATION.

PHILADELPHIA, PENN., July, 1882.

DEAR SIR—You are respectfully informed that the Committee of Publication have adopted the following rules, to ensure promptness in the appearance of the forthcoming volume of Transactions (Vol. 33):

1. All addresses and papers read at the recent meeting of the Association, and referred to the Committee of Publication, must be in the hands of the Permanent Secretary before July 31st.
2. The transactions will absolutely go to press August 5th, and all papers or addresses entitled to appear in this volume, not received by July 31st, cannot be inserted.
3. Under no circumstances will the Committee permit new material, different from that in the original manuscript, to be added to the proof-sheets.
4. The Secretary is instructed to send copies of these resolutions to the various medical journals, and to have extra copies struck off, to forward to the contributors of papers to the annual volume.

The following provisions of the by-laws of the Association will be strictly enforced:

“Every paper received by this Association and ordered to be published, and all plates or other means of illustration, shall be

considered the exclusive property of the Association, and shall be published and sold for the exclusive benefit of the Association."

"Authors of papers are required to return their proofs within two weeks after their reception; otherwise they will be passed over and omitted from the volume." Yours respectfully,

RICHARD J. DUNGLISON, Treasurer,
Secretary Committee of Publication.

**AN ART AND INDUSTRIAL EXHIBITION IN THE CAPITOL
AT WASHINGTON,**

Under the Auspices of the Society of the Army of the Cumberland, for the Benefit of the Garfield Monument Fund.

A National Bazaar, Art, and Industrial Exposition will be held in the rotunda and adjacent halls of the National Capitol at Washington, D. C., November 25th to December 3d, (inclusive), 1882, as authorized by joint resolution of the Senate and House of Representatives, August 7, 1882. The object of this undertaking is to raise funds with which to erect a statue in this city to the memory of Gen. JAMES A. GARFIELD, late President of the United States, which work is in the hands of a committee of the Society of the Army of the Cumberland, who have already collected for this purpose some twenty thousand dollars, and expect, with the results of the Exposition, to have a sufficient sum with which to erect a work befitting the great name it is proposed to commemorate.

TRANSACTIONS OF THE MICHIGAN STATE MEDICAL SOCIETY, for the year 1882, No. 11, Vol. viij.

Kindly sent us by Geo. E. Ranney, M. D., Recording Secretary, of Lansing, Mich. The society assembled at Ypsilanti, May 10, 1882. The address of welcome was made by Capt. E. P. Allen. The annual address, by the President, Dr. J. H. Jerome, and interesting papers presented by the following gentlemen:

Dr. Christian—Mal presentation.

Dr. Burr—Insanity of Masturbation.

Dr. Pratt—Legal Responsibility of Surgeons.

Dr. Shurley—Laryngeal Phthisis.

Dr. Reynolds—Treatment of Measles and Scarlet Fever.

Dr. E. Smith—Suppurative Catarrh of Middle Ear.

Dr. Conner—Optic Neuritis.

Dr. H. J. Reynolds—After Treatment of Tracheotomy.

Dr. Wade—Antiseptics in Treatment of Disease.

Dr. E. B. Ward—Esthetics in Medicine.

Dr. Post—Urinary Deposits, etc.

Dr. Ranney—Notes on Uterine Tumors.

The volume contains 276 oc. pages, and is creditably gotten up. The papers are interesting, practical in character, and some of them written with marked ability.

President elect for the ensuing year, Dr. G. W. Topping, Detroit.
Secretary, Dr. Geo. E. Ranney, of Lansing.

The Society will meet next at Kalamazoo, at such time as the President and Secretary shall hereafter appoint.

BOOK NOTICES.

PRACTICAL MEDICAL ANATOMY.—A guide to the Physician in the study of relations of the viscera to each other in health and disease, and in the diagnosis of the Medical and Surgical conditions of the Anatomical structures of the head and trunk, By Ambrose L. Ranney, A.M., M.D.; Adjunct Professor of Anatomy, and late Lecturer of genito urinary, and Minor Surgery in the Medical Department of the University of the city of New York—late Surgeon to the Northern and Northwestern Dispensaries; resident fellow of the New York Academy of Medicine; member of the Medical Society of the county of New York; author of the applied Anatomy of the nervous system etc. etc. New York: Wm. Wood & Co., 1882. McGarrity & Laird Agents, Atlanta, Ga.

The above is an illustrated work of 339 oc. pages neatly gotten up.

Its title page, above quoted, sufficiently indicates the scope and practical importance of the work to the practitioner. "It has been written, says the author, for use of the general practitioner in his daily practice, with the hope that it might present to him the study of Anatomy from the stand point of its general interest and practical utility, and afford him the means of refreshing certain points which can be constantly applied without entailing upon him descriptive detail."

THE CHANGE OF LIFE IN HEALTH AND DISEASE.—A Chemical Treatise on the Diseases of the Ganglionic Nervous system incidental to women at the Decline of Life. By Edward John Tilt, M.D. Past President of the Obstetric Society of London. Fourth edition. Philadelphia: P. Blackston, Son & Co., 1012 Walnut street: 1882.

The subjects of the above work are very meagerly and imperfectly treated in our usual authorities, and are indeed very little understood by the Profession generally; and yet they are of great importance, and ought certainly to be studied by every practitioner. We can commend the above work as it contains a fund of information which the Physicians in daily practice can ill afford to be without.

ESSENTIALS OF VACCINATION.—A compilation of facts relating to vaccine inoculation and its influence in the prevention of small-pox, by W. A. Hardaway, M. D., Professor of Diseases of the Skin in the post graduate faculty of the Missouri Medical College, St. Louis; Member of the American Dermatological Association; formerly one of the vaccine physicians to the city of St. Louis. Chicago: Jansen, McClurg & Co., 1882. A work of 146 pages, cloth, large type, plain and neatly published.

This work is timely and necessary, and will meet a want long felt by the general practitioners throughout the country who have but little acquaintance with the history and results of vaccination. Here they are furnished with a snug little volume giving a careful compilation of all the essential facts relating to the subject. We commend it to the profession.

RECEIPTED.

1881—Drs. J. I. Dument, McAfee, James Silar, T T Echols, D R Mallory, R C Campbell, L Tucker, R L Moss.
 1882—Drs. J W Bradley, George L Mills, W H Stewart, J L Horseley, G W Earl, J E Terrell, E W Hunter, R F McConnell, J B Wright.

SPECIAL NOTICES.

PARKE, DAVIS & CO.—This great drug house, of Detroit, Michigan, have attained to a very high reputation as wholesale druggists and manufacturing chemists. Their indomitable enterprise in the importation and presentation of new drugs to the Profession is worthy of all praise, and their numerous reliable and elegant preparations have the confidence of the public and of the Medical Profession everywhere. See their advertisement in this Journal.

THE art of sugar-coating pills so as not to impair their solubility, but to preserve the composition, keeping it soft and plastic, has acquired for **Messrs. Warner & Co.**, a world-wide reputation. Physicians may rely upon the purity of the drugs used, and upon the mathematical nicety in which their pills, "granules," and "parvules" are divided. Every doctor may be his own druggist, and at the same time save himself the drudgery of it by using **WARNER'S** preparations. A bottle of Quinine Pills recently sent us by this firm satisfies us that this firm is fully maintaining its reputation.—*North Carolina Medical Journal, July, 1879.*

PINUS CANADENSIS.—The concentrated extract of *Pinus Canadensis* has established for itself the most unqualified commendation as an astringent, and it scarcely requires any further affirmation on my part.

LOUIS BAUER, M. D., M. R. C. S., Eng.

Prof. of Surgery in and Dean of College of Physicians and Surgeons, St. Louis, Mo.

Dr. J. S. Dorset, of Texas says: I have been using **HARTER'S IRON TONIC** in my practice since 1875, and it has given me the most satisfactory results. I consider it a most excellent Tonic for General Debility and Nervous Prostration.

REED & CARRICK.—The polite and intelligent agent of this excellent house called at our office and exhibited a number of samples prepared by them. For neatness, beauty and excellence of combination they cannot be surpassed. We ask our readers to read their advertisement on next to last cover page in this Journal, and to test their preparations. We have found them very useful in practice.

CELERINA.—Examine the advertisement of this agent by J. C. Richardson in this Journal. It is very highly extolled as a **Nerve Tonic** of rare quality, adapted to low, debilitated conditions of the system from any cause—especially in cases of mental, nervous or sexual exhaustion. Among the multitude of new and useful agents now being introduced, it is regarded as a very valuable addition to the armamentarium of the physician.

HYDROLEINE.—Dr. E. H. Trenholme, 32 Beaver Hall, Montreal, Can., says: My experience with Hydroleine has been more than satisfactory, and I know no remedy like it in cases of a scrofulous or tubercular diathesis. In some of my cases the effect of Hydroleine has been really marvelous. I wish you to send me half a dozen bottles for my own personal use, as I wish to continue taking it myself. See advertisement of Hydroleine in this Journal.

NOW that the father of antiseptic surgery has placed carbolic acid under ban, and recommended eucalyptus as an efficient substitute for it, we would advise physicians to give **LISTERINE** a trial. Eucalyptus is one of its constituents; and the preparation, being a perfect solution, is presented in a form most convenient for general use.—*Louisville Medical News, June 25th, 1881.*

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the **ELLIOTT**. Doctors that do the same thing get the standard article. Send for circular to A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

JOHNSTON'S FLUID BEEF.

C. H. F. ROUTH, M. D., Senior Physician to the Samaritan Hospital for Women and Children, etc., 52 Montague Square, London, 17th April, 1878, writes:—I have made careful and repeated trials of your Fluid Beef, and am eminently satisfied with it. It affords sustenance, and is well borne by weak stomachs. It seems to me to fulfil a desideratum long sought for, and I feel much obliged to you for bringing it before my notice. I trust you will have depots in London soon, for a Beef Tea containing albumen and fibrine in such large quantities, and in such a readily assimilable mixture, will prove of the greatest value to the treatment of disease.

T H E

Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the RECORD must
be addressed to the Managing Editor.

VOL. XII. ATLANTA, GA., OCT. 20, 1882. No. 10.

ORIGINAL AND SELECTED ARTICLES.

VERATRIUM VIRIDE IN PUERPERAL CONVULSIONS

BY R. F. McCONNELL, M.D., OF ALA.

I desire to report some obstetrical cases and their treatment.

CASE I. March 13th, 1882. Called to see Mrs. D., æt. 20. Primipara; robust build; weight, perhaps 150 lbs.; attendants said she had been healthy. On my arrival found patient had been delivered about two hours previously of a fine daughter, weighing about 10 lbs. She was suffering with severe headache and pain in right inguinal region: the latter she complained of while being delivered of child. I delivered her of placenta in twenty minutes after my arrival. At this time headache was increasing rapidly, and I gave her 20 grs. brom. pot. without any special benefit and repeated dose in half an hour. She had a convulsion in ten minutes (an hour after my arrival) and, unfortunately, I had no arterial sedative, and did not wish to perform venesection. Therefore I resorted to the following remedies, viz.:

R. Bromide pot.....	grs. 80
Hyd. chloral.....	" 40
Aqua.....	℥ 1
Sig. Tablespoonsful every ½ hour.	

Also, tr. aconite, gtt. ii, every ½ hour.

This treatment, with an occasional dose of Hoffman's Anodyne and a sinapism to nape of neck, was continued until 4 p. m. At

this time I received some veratrum viride. She had been having severe convulsions every hour till 12 a. m. when they ceased until 2 p. m. Then they returned with increased severity and frequency, coming on at intervals of an hour or less. Pulse, 122 per minute, with contracted pupils, etc. I now added following to former treatment, viz.:

R. Tr. veratrum viride.....gtts. 4
 Hyd. chloral..... grs. 40
 Aqua..... 3 i
 Sig. Tablespoonful every $\frac{1}{2}$ hour.

At 4 $\frac{1}{2}$ o'clock patient had three convulsions at short intervals; also at 5 o'clock p. m. and continued until 6 o'clock, when they ceased.

This treatment was continued during the night. Patient would rest well from half an hour to an hour and then awake perfectly delirious, refusing to take medicine and attempting to get up and to fight any who opposed her. It required from three to four persons to hold her in bed while aroused.

March 14, 5 a. m. Patient delirious all day, with a gradual decrease in circulation. Pulse 116, respiration 14. She would rest from half an hour to an hour and then show signs of great excitement. I continued treatment during night, with signs of improvement until

March 15, 5 a. m., when she awoke and appeared to be sensible, making some inquiry about the condition of her tongue, which had been badly bitten during convulsions.

March 16, 5 a. m. Pulse 108. I ordered verat. mxt. given in tablespoonful doses every hour. Patient continued about in this condition, with an occasional increase in the frequency of the pulse.

March 17, 5 a. m. Pulse, 102 to 108, with an occasional decrease to as low as 90. At noon pulse rose to 122. Ordered verat. mxt. every half hour until circulation was reduced.

March 18, 9 a. m. Pulse 82, with good symptoms of improvement. During day I again ordered veratrum viride and bromide mxt. every hour and she continued to improve until about noon of

March 19, when fever appeared. Pulse 120. Patient complained of left mammae, in which secretion of milk was checked, also of sick stomach. Her bowels had not moved since the 15th, at which time a purgative had been given. I now gave her a dose of mercury and ordered following given in connection with previous treatment, viz.:

R. Tr. aconite (rad.).....5ss
 Sweet spts. nitre.....3j
 Tr. lavender comp.....gtts. xvi
 Aqua.....3ji
 Sig. Teaspoonful every 2 hours.

This treatment was continued until fever subsided, and at 9 a.m. 20th inst. she showed marked signs of improvement, and continued so, with slight evening exacerbations of fever, until March 26, when I dismissed case. I was compelled to exercise great caution in decrease of veratrum mxt., which was used up to present date. Whenever veratrum was much reduced patient would have paroxysms of fever and cerebral disturbance.

CASE 2. April 29, 1882. At 10 a. m. called to see Mrs. B., æt. 20, seven months advanced in pregnancy. Primipara; robust build; would weigh about 165 pounds. Attendants say she had previously exposed herself, and had had some suppression of urine, but had not complained much until the night previous. From symptoms I decided that she had some uræmic poisoning; had been troubled with headache and suppression of urine for a month; had a convulsion at 5 a. m. and up to time of my arrival at 10 a. m. had had about 15 convulsions. Pulse 108; breathing frequent and stertorous; examination showed first stage of labor begun—os uteri thin and slightly dilated.

R Bromide pot.....gtts. xx
 Hyd. chloral.....“ xv
 Every ½ hour.

Also the following:

R Veratrum viride.....gtts ji
 Every ½ hour.

Convulsions and pain appeared synchronously every 15 minutes, with very slow advancement of labor and the same degree of severity, until 6 p. m. At this time convulsions began to increase. I had given two 3j doses of ergot to increase labor. Convulsions continued to increase in severity, with no advancement of labor, until 7½ p. m. Pulse now 160 and irregular; slow and stertorous breathing; comatose; frothing at mouth; vertex presenting at inferior outlet. Labor had been thus for two hours. I could not stimulate labor by any means. Having no forceps, I performed craniotomy and delivered her. Treatment was continued and she had but two convulsions after delivery. Patient remained in a comatose condition during night.

April 30, 7 a. m. Pulse 108; at 3 p. m. pulse 122. Ordered ve-

ratrum viride, gtts ji , every two hours until 12 p. m.; then every three hours till 9 a. m.

May 1st. Pulse 76. Ordered veratrum given whenever circulation ran over 100.

May 2d, 8 a. m. Pulse 114. Ordered veratrum every two hours, as before, until circulation was reduced to 80, and then given whenever it rose. Patient became quiet at 10 p. m. and continued so until

May 3, 7 a. m. At this time appeared to be approaching sanity.

May 4, 6 a. m. Patient had become perfectly sane. She had had about 51 convulsions.

I have made this report to show the great benefit derived from verat. viride in the treatment of puerperal convulsions.

REPLACING AND HEALING OF PIECES SEPARATED FROM THE HUMAN BODY.

BY G. HALSTEAD BOYLAND, M.D., M.A., OF BALTIMORE, MD.

The experiment of replacing in position portions of the human body hacked from it is of comparatively recent date. The results have been so far satisfactory as to demonstrate conclusively that such parts, when replaced, do heal, and not only heal rapidly, but bind themselves to the main body with surprising strength and compactness, provided always that two cardinal points be strictly observed: 1st, the piece separated must be kept warm to the normal temperature of the body; 2d, it must be replaced, whether with adhesive plaster or the suture, or both, directly the flow of blood ceases. The following cases are such as frequently come under the observation of medical men abroad.

In the first case, in a duel with schlaggers (a weapon something like a rapier, but with a flatter blade, of about the same length and blunt at the end), the left ala with a part of the point of the nose of one of the principals, by a sweep of his antagonist's sword—this piece containing skin, muscles, cartilage and mucous membrane—was cut by a clean wound, square off. It was at once put back into position, sewed on with fine sutures; over the sutures strips of adhesive plaster were applied, extending over the whole point and side of the nose on to the cheeks; in order to prevent evaporation and drying as much as possible, a patch of oiled silk was used, upon which cotton batting was placed, the nose being tamponed also with it at the same time. On the third day the sutures were taken out and the piece found to be quite black; the whole epidermis sloughed off as a black crust, but under it the normal rete malpighii appeared, and one small portion of the epidermis remained. After a time a layer of horny epithelium put out. At the expiration of nine months the wounded man appears with the left nasal ala slightly flattened and of normal color, the

surface of the portion that had been cut off made one with the whole side of the nose, no distinct line marking a cicatrix: on some parts of it the epithelium was a little thicker than on others, making a few very small rough places. It is worthy of attention that on the third day when the sutures were removed and the epidermis had sloughed off, the part was firm in its natural position. The sloughing of the epidermis is easily accounted for by the fact that the capillaries became contracted and, so to speak, dead, on account of their extreme fineness, during even the very short time that the piece was separated from the body. We would recommend in such an emergency a process carried out in another case that came under our own observation, viz.: that the separated portion be held in the mouth, if warm water cannot be procured, until the suture and all is ready; thereby the animal heat would be retained and the chances of sloughing of the epidermis materially diminished.

The next case was a student who had fought a duel, also with schlaggers, out of whose nose a polygon-like piece was hacked just above and including the tip of the nose, thereby exposing in extenso both nares. This piece was only found after long search, having been thrown by the force of the blow some distance; after the bleeding had ceased it was placed in position. Likewise in this case the greater portion of the epidermis came off in the shape of a black crust. The piece, when healed on, was bordered on all sides by a sharp-edged scar, its color being red and the part itself slightly tumefied. The wound left on the nose at the time was clean and even bordered, as regards the skin, while the cartilage and mucous membrane were separated, irregular and zigzag. The same treatment with reference to detail of placing in position, sutures, adhesive plaster, etc., was carried out in these cases, although the large scar and red color, accompanied by tumefaction, would indicate a less successful result than in the first case mentioned. The length of time that elapsed before the separated piece could be found comes also into consideration, although adhesion takes place more readily after the bleeding ceases; nevertheless, if the parts are left disunited too long, the inclination to adhesion is lost entirely, as it begins to diminish as soon as the main wound commences to dry; the surfaces of wounds of medium size of this character being for some little time moist with a gelatinous substance composed of blood and serum.

As regards the healing itself it is a *prima intentio*, although the sutures in these cases were only removed on the third day. In treating wounds *per primam*, in which pieces are not separated from the human body, Bruns removes them in twenty-four hours.

As for the pathological anatomy, or, more properly speaking, the process of healing itself, such cases undoubtedly illustrate that the vessels of the piece, after being placed in position, received in the lumen of each the blood from the severed vessels of the borders of the wound on the nose. In unfavorable cases, a hemorrhagic infiltration of the separated piece, after it is placed in position, which may be followed by mummification, is liable to result. In

the more successful ones the epithelial covering is everywhere thrown off. In those again where the surgeon is especially fortunate the circulation in the whole of the portion separated, or in parts of the same, may re-establish itself without any disturbance as to nutrition. Of importance in the healing of wounds upon which transplantation of skin grafting may be carried out, is the proof here deduced, that in transplantation there is a direct flow of blood out of the granulation vessels of the main wound into those of the transplanted piece. In this operation, which is known as Reverdin's transplantation, sloughing of the epidermis is a general rule, which, nevertheless, like all others, has its exceptions; but they are very few and very far between. Technically, where portions of the flesh are severed from the human body, the above procedure is the best to follow; practically, it is the most successful.

In a recent number of the Boston Medical and Surgical Journal is recorded a case in which the hand, almost entirely severed at the wrist, hung to the forearm by a thread of skin only. Instead of amputation the hand was replaced on the above principles and kept firmly in position for a long time; finally it reunited completely, and the patient had considerable use of it, being able to move the fingers. As long as the merest thread connects the divided part to the main limb, so long the circulation may go on in a part of it, gradually re-establish itself throughout and thus save the limb or member, and often the life of the patient.—*Med. Gaz.*

RETENTION OF PLACENTA.

BY J. V. WHITE, M.D., C.M., M.C.P. & S., ONT., AU SABLE,
MICHIGAN.

The expediency of removing the retained placenta under certain circumstances is worthy of the most careful attention, though how often do we notice the bad effects arising from a premature action taken by the physician in order to meet previous engagements. One of the important rules of long standing, that the placenta, if retained, should always be removed, is now, almost without exception, so invariably followed that its greatness can scarcely be fully realized. Certain conditions do arise, from time to time, when it is very difficult, and in some instances impossible, to be governed by this rule entirely; and some cases occur in which there has been a difficulty in recognizing the fact that either a portion has remained attached, or some abnormal contraction of the uterine organ has been the cause of retention.

The firm closure of the uterus, and the firmness of its adhesions, are among the predominating causes that prevent its entire removal. Whenever we have to deal with premature expulsion of fœtus, then our hopes of introducing the hand is generally retarded. Seldom it is in the fully developed organ that we are unable, at any rate with the assistance of chloroform, to pass our hand sufficiently far to empty the uterus. Besides these obstacles the condition of

our patient must be considered before we attempt its removal; as, for instance, through the already arrested hemorrhage; although, should our patient be the victim of severe flooding, it would be highly imprudent to wait, because the shock of operating would be less injurious to the system than the depletion; whereas, if the hemorrhage has been checked, beside saving patient from shock of manipulating, it will be an advantage to wait till the shock of bleeding has passed and circulation established from the smaller vessels, and the heart restored to its proper tone.

Before I leave the subject I wish to draw attention to another point, viz.: œdema of vulva most frequently following primipara cases, and consider it a very annoying impediment, especially when the case is of long standing and the parts so sensitive to the touch from the vaginal secretions that continually pass. To illustrate the ideas:

I was called to see Mrs. — on May 14th; found her suffering from severe pain in back and extending to her maternal parts. I ordered Dover's powder and rest in recumbent position, and before she attempted to walk to put on her abdominal support. This being done, she received relief in a few days. About the 1st of July she went to visit her relations. However, she was not there over a week until her husband wrote me, stating his wife's feet and eyes were swollen badly. I ordered acet. pot., bicarb. pot. and tr. digitalis, with an alkaline laxative. She improved rapidly, and on the 13th was delivered of a child (very small), before I could get there. She was attended by a physician who was desirous of attending the case, and to complete it before I could arrive. He made extra exertion toward removing the placenta, made traction on the cord, and pressure on fundus, all to no avail. Gave ergot F. E. and used friction, all to no appreciable benefit. When I arrived I found the vulva very tender and swollen, and the patient would cry and turn all colors at any attempt of handling the cord; but, through my persistence, I made an examination and found a patent os sufficient to admit one finger. I deemed it necessary to give her rest, and administered pot. brom. grs. 44, so she rested for six hours quietly. By this time tenderness had almost disappeared from vulva, and could stand any traction I found necessary. Made another examination, and found os the same; then, determined to complete the case, gave chloroform. I then made traction once more, but no advancement; so I introduced my hand well up into the uterus and explored it, discovering a hard attached mass well up on the right side. With my fingers I detached the adherent portion with some difficulty, followed by a severe hemorrhage. Ordered ergot F. E. 3 ss. and, retaining hand in uterus, made pressure on fundus with the other. Shortly I had contraction, and elevated the foot of the bed to extent of six inches, nothing remaining in half an hour but slight bloody mucus discharge. Ordered carbolic acid injection, 1 in 80, and she made a rapid recovery, making 24 hours from birth of child to the time the placenta was taken.

From a previous examination of her urine, slight traces of albumen were found, which might be indications of being affected

with albuminaria during the last months of pregnancy. However, the symptoms were somewhat indicative, since swelling of eyelids (lower) and œdema of legs and vulva, and yielding to the alkaline treatment. The pain that was complained of during my attendance, with sensation of heat about the eighth month, I now consider the results of inflammatory action going on in the placenta: the scrotal surface was yellow and thickened; and the part firm and consolidated to the extent of about an inch.

This case is one of the few that lead to such rapid recovery.—*Detroit Clinic.*

TINCTURE OF PERCHLORIDE OF IRON IN POST-PARTUM HEMORRHAGE.

BY J. H. SCARFF, M.D., BALTIMORE,

(Cases related at the Medical and Surgical Society)

It is not my purpose to enter into a discussion of the general treatment of post partum hemorrhage, nor do I wish to be understood as placing this agent among the first to be used to combat these hemorrhages, but as a dernier ressort when all others have failed and your patient seems to have but one more step to realize the mysteries of the hereafter. Many of you, no doubt, have read the many able articles of European writers upon this subject of late, and probably have had more experience in its application, but having had two cases in the past four months of alarming hemorrhage following labor, and as I confidently believe my patients owe their prolonged sojourn in this land of sin and sorrow to the injection of perchloride of iron into the cavities of their uteri, I do not hesitate to relate the two following cases in which I have used this remedy:

I wish it to be distinctly understood, I claim no originality to either the agent used or the *modus operandi* in using it. It originated with that eminent obstetrician, Barnes of London, and several cases so treated by him were published in the *British Medical Journal* of 1876 or '77. Following the report of his cases, there came other testimonials to the virtue of this agent, from Playfair, Chambers, Steele and others. As I have before stated, this potent agent should not be used indiscriminately in all cases, but only after such remedies as ergot, external pressure, cold, kneading of the uterus and galvanism have failed.

CASE I. Mrs. M—, wife of a druggist (which was a most fortunate circumstance for her), was taken in her third labor on the afternoon of February 11th. I had previously ascertained from her husband that her first two labors were followed by most alarming hemorrhages, but through the skill of the lamented Dr. Knight she was saved. Nothing worthy of mention occurred during the first stage of labor excepting a prolonged interval of quiescence between the pains. This stage lasted about 4½ hours. After delivery I immediately cut the cord, as it had ceased to pulsate. Turning my attention to the woman, I found the uterus as

large as before the birth of the child, with a soft and doughy feeling. Introducing my hand into the vagina I found the placenta was detached and blocking up the os uteri; it was at once removed, and with it there came a most appalling hemorrhage, and in a very short space of time the woman was completely blanched, pulse almost imperceptible, sighing respiration and other symptoms indicating an almost complete collapse. I hurried her husband down into his store for a bottle of tincture of perchloride of iron. I diluted it one-half with water, and with the aid of a Davidson's syringe which I had procured, this was injected into the cavity of the uterus. (I would state I first, as well as I could, emptied the uterus of all clots.) The effect was magical; almost directly after the injection, the uterus began to firmly contract, gradually forcing out my hand with large masses of clotted blood, coagulated by the iron. I watched the patient for two hours, a half hour of the time firmly holding the uterus with my hand, and little or no hemorrhage occurred after the injection. She was relieved from the condition of collapse by brandy and hypodermic injections of atropia, and made a rapid recovery without any bad symptoms. In this case, expecting a hemorrhage, I gave her from the time the os was sufficiently dilated to admit of the passage of the child's head until the head was delivered two hypodermic injections of ergot, $\frac{3}{4}$ j each, without avail. I had no time to try other expedients, but resorted at once to the iron.

CASE II. Mrs. K—, æt. 26, rather nervous temperament, sent for me on the morning of March 18, to attend her in her second confinement. Having attended her in the first labor, which was followed by hemorrhage that could only be controlled by a strong current of galvanism, I concluded I would be prepared to meet any emergency with the perchloride of iron. While the first stage of labor was progressing, I sent to the druggist for $\frac{3}{4}$ vi of the tr. perchlor. and added one-half of this to oj. of water. A Davidson syringe was made ready for use, and I then waited the dreaded hour. The labor became tardy and protracted, and she was delivered, after a long traction with the forceps, of a large male child. Ergot was given hypodermically twice, and kneading constantly kept up by the nurse during delivery. Hemorrhage at once set in and I attempted to control it by the introduction of ice into the uterus and grasping it with one hand on the abdomen, the other in the vagina. It was of no avail. The hemorrhage increased. I next tried the plan of irritating the interior of the uterus with the finger nails, but in doing this I completely detached the placenta, which was removed, followed by a hemorrhage which soon put my patient into a state of collapse. I at once began the injection of the solut. of ferri perchlor. into the cavity of the uterus, with the effect of immediately producing firm contraction and cessation of hemorrhage. She finally recovered after a mild attack of metritis, and to-day both she and child are doing well.

These constitute my experience in the use of this agent, but can any one doubt that the lives of these two women were saved by it? That there may be danger in its use I do not deny. While the uterus is in this relaxed condition, the mouths of the veins

open, it may pass into them, causing clotting of blood, thereby producing thrombosis; but, notwithstanding this, I presume, from my own experience, as well as from the experience of the many able writers on this subject, that this mode of treatment in puerperal hemorrhage is not only justifiable, but under many circumstances strongly indicated.—*Med. Chron.*

PLACENTA PRÆVIA.

BY J. D. STRAWBRIDGE, M. D., OF DANVILLE, PENN.

Early in the summer of 1851 a woman ran crying from a house which I at that moment happened to be passing, and I turned to see what was the matter, when, recognizing me, she exclaimed: "Oh! Doctor, come up quick, Mrs. L. is dying." Following up stairs as rapidly as possible, I found the patient lying on her left side, her back toward me, near the edge of the bed, through which blood flowed in a stream to the floor. I inquired, "Is she in labor?" and the reply, "I guess so," was scarcely given, when a torrent of blood poured over the side of the bed, flooding for some distance the uncarpeted floor. A low, stifled moan, gasping breathing, ineffectual efforts at vomiting, the blanched face, and almost complete unconsciousness, showed clearly that there was no time to lose. I instantly threw off my coat, bared my right arm, and introducing my hand into the vagina, through a relaxed and easily dilated vulva, passed my finger rapidly around inside the os, which I found relaxed and dilated to nearly two inches in diameter, and through which a mass of placenta presented. I searched for some point of detachment by which to reach the membranes, but found the placenta firmly adherent all around to within little more than half an inch of the edge of the os. The fœtus could be felt through the placenta, but moving so freely in the abundant waters as to evade the touch, and prevent the presentation being ascertained. Finding a slight break in the presenting placental mass, directly across its centre, without hesitation or a moment's delay, I thrust my hand in this opening, through the placenta into the uterus, giving exit to a large flow of waters; grasping the vertex, which came at once into my hand, I gave it a turn to the left, then placing my finger in front of the right shoulder, while the waters were still discharging, rotated the body on its axis until the feet were brought nearly to the front, where they were easily reached, the child turned and delivered, within ten minutes from the time I entered the room.

The secundines, inverted through the torn placenta, followed immediately after the head. The child, which was in the beginning of its seventh month, showed no signs of life, and no effort was made to resuscitate it. As soon as it could be laid to one side, I administered to the mother (who had partially recovered consciousness), a teaspoonful of tincture of camphor in water (the only stimulant at hand), and a few minutes later 30 grains of powdered ergot in infusion. There was no further hemorrhage, and

the patient, although in a state of extreme exhaustion, recovered rapidly, without a bad symptom, and within a month was able to look after the affairs of the household. The placenta proved to have been placed centrally over the internal os, and was torn through, close to the insertion of the cord.

As soon after as my patient could be safely left I called upon Dr. Wm. H. Magill for advice in this case, and learned that he had had an almost similar experience with the same patient about one year before. Mrs. L. being then in her first pregnancy, and, as she supposed, in her sixth month, was suddenly taken with a large flow of blood while standing at work; she was put to bed as soon as possible, and her physician, Dr. W. R. Gearhart, called; finding no signs of labor, the vagina was tamponed and the Doctor left to attend to other calls; returning a few hours later, he found the patient faint and weak, and, notwithstanding the presence of the tampons, the hemorrhage was becoming dangerous. Alarmed at this condition, he sent in haste for Dr. Magill, who at once removed the tampons; finding the os sufficiently dilated, he detached the placenta at the side, ruptured the membranes with his fingers, and rapidly effected version and delivery by the feet; although no delay occurred in the delivery, and but little force was required, the child showed no signs of life.

A little less than one year from my first attendance I was again called in haste to Mrs. L., and found her in bed, having been taken suddenly a few minutes before, with profuse hemorrhage. She was then near the end of her sixth month of pregnancy, and, certain that I had again a placenta prævia to deal with, I had in my pocket a package containing three drachms of powdered ergot, which I handed to one of the attendants, with directions to put it in half a teacupful of boiling water, and return with it immediately. While preparing for an examination, a sudden gush of blood, which filled the bed and clothing about the patient, warned me that there was no time for delay, or the catastrophe so narrowly averted on the former occasion might be realized on this. I found complete dilatation of the soft parts, some small coagula still in the vagina, and blood flowing in a continuous stream from the partially dilated os, through which a mass of placenta presented; a partial detachment at one side, where a forming bag of waters could be felt, enabled me to rupture the membranes at once and pass my hand up into the uterus, as the waters flowed rapidly away, and the head began to come down. I found the pressure of my hand had almost completely arrested the hemorrhage. The attendant was directed to administer one-third of the infusion of ergot, and I determined to await results. At the end of fifteen minutes a second portion was given, and in about fifteen minutes more uterine contractions began, and soon the head was pressing down firmly into my hand, which I began slowly to withdraw, taking care not to relax pressure on the placenta until it was compressed firmly by the head. The labor progressed rapidly, and within an hour from my arrival a dead child was delivered. The patient was but little more exhausted than in an ordinary labor, and was able to be up on the tenth day.

In December of the same year I learned from Mrs. L. that she was again pregnant, and dreaded a recurrence of her former trouble. I charged her to go to bed and send at once for a physician on the appearance of the slightest hemorrhage. Accordingly, in the latter part of January, 1853, I was called, and found her in bed, having had a slight show, with some fugitive pains about the back and abdomen. A digital examination showed no signs of labor. She believed herself then at the middle of her seventh month. I enjoined rest in bed, cold drinks, and prescribed a few doses of acetate of lead and opium; in a few hours the hemorrhage ceased, and the next day, in spite of my injunction, she was again about the house. These attacks returned at intervals of about a week, increasing in quantity and duration of flow with each return, for which, after the first attack, I prescribed, to be alternated with the acetate of lead and opium, five grains of powdered ergot every four hours. About the middle of March I was called in haste, and found her in bed, with regular labor pains, accompanied with free hemorrhage; the os dilated to the size of a silver dollar, through which the edge of the placenta protruded. Pressing this to one side, I ruptured the membranes; the pains increased rapidly, and soon the vertex presented. With the pressure of the head on the placenta the hemorrhage soon ceased. I felt that I could trust the natural powers for a satisfactory result. After an easy labor of about two hours, my patient was the mother of a fine, healthy boy, now a successful business man in the State of Ohio and the father of several healthy children. The family were preparing to leave Danville, and soon after went to their new home in Ohio.

While visiting a patient a few weeks since, I was introduced to Mrs. L., a fine, matronly-looking widow lady, of about fifty years; to my great surprise I found she was my former patient, whom I had not seen or even heard of for over twenty-seven years. At this meeting all the circumstances here related were recalled and discussed. I learned that after leaving Danville she had given birth to several children, without any complication whatever, but none of whom lived to grow up. She promised to see me again and furnish me more accurate data of her case, my own records having been lost while absent from home during the war; but professional duties called me from home, and Mrs. L. left Danville without seeing me again. This, with but one exception, where the condition was but partial, is the only patient in my own practice in whom I have met with "placenta prævia," although, between my last attendance on Mrs. L., in the spring of 1853 and the fall of 1880, when I temporarily retired from practice, I attended in more than 1,700 cases of labor.—*Med. and Surg. Rep.*

An Emergency Case.—Professor: "What would you do, sir, if you were called to see a man who had hung himself?" Student: "I would cut him down." Professor: "Then what would you do?" Student: "I would cut him up."—*Punch.*

A NEW METHOD OF TREATING UTERINE HEMORRHAGE.

BY M. R. BARKER, M. D., OF NEW CASTLE, PA.

Physicians of experience know the extreme difficulty, sometimes, of arresting uterine hemorrhage, the uterus seeming to defy all remedies, and pouring forth the sanguineous fluid in spite of astringents, ergot, the tampon, etc., etc. The danger of uterine injections often causes physicians to hesitate long before resorting to them. I have been frequently placed in this dilemma, and although I have used injections successfully, yet I must admit that I always felt relieved when I found that the injection had not produced any dangerous consequences.

In view of the foregoing considerations I concluded to take a departure from the usual methods, as will be seen in the report of the following cases:

CASE I. During the latter part of October, 1881, I was called to see Mrs. H., who was suffering from uterine hemorrhage. I treated her with the ordinary remedies, but without producing any permanent benefit. The tampon, applied again and again, would, of course, produce temporary suspension of the flux, but upon its removal the hemorrhage would return as badly as ever. The constitutional effects resulting from the loss of so much blood becoming alarming, I concluded something must be done.

At my next visit I took my uterine applicator and placed upon it a spiral slide, leaving about three inches of the point uncovered. The point I wrapped with absorbent cotton in the same manner as for treating the uterine cavity for endometritis, with the exception that the end next the slide I made considerably thicker than the rest, and tied a thread around it, so as to withdraw the cotton when its purpose was accomplished. I then dipped the cotton into glycerine, and dusted it effectually with powdered persulphate of iron. I then exposed the os with a speculum, and passed my loaded applicator into the uterine cavity, and with the slide pushed off the cotton and left it. From that time my occupation in this case was gone. She made a rapid recovery.

CASE II. March 30th, 1882, was called to see Mrs. W., who had been suffering with uterine hemorrhage for two months. I was of the opinion that she had had an abortion, but she denied it. She had been under the care of another physician, who had treated her with the usual remedies, the principal one being ergot. Her clothing and bed showed very plainly the severity of the hemorrhage. I also found several clots in the vagina. I used the persulphate in the same way as in Case No. 1. When leaving I requested her to let me know in a few days how she got along. In about a week I received a note from her saying that the hemorrhage ceased from the time of the application, and that there had been no return. I have met her several times since, and she was quite well.

CASE III. Mrs. R. aborted about May 1st, 1882. I saw her June 20th. The attending physician had gone through the usual

routine of remedies, administered internally, apparently without benefit. I immediately made an application of the persulphate of iron after the same manner as described in the former cases, and the result was an immediate arrest of the hemorrhage. She was in my office to-day, and as I had this article partly written, I asked her the particulars of her case. She said she had "wasted" for eight weeks, and that she had taken ergot nearly all of that time; and also that there was scarcely any discharge perceptible after I introduced the tent, and that there had been none since, beyond her periods.

It seems to me that this is a much more rational method of treating uterine hemorrhage than by either internal remedies or by injections. That it is much safer than by injections no one can doubt, and I would not hesitate now to depend upon it, to the exclusion of all other remedies. This preparation is used *ad libitum* in gynecological surgery, without injury, and I am satisfied that it is equally as beneficial and harmless in ordinary uterine hemorrhage.

I am of the opinion that the benefit derived from this plan of treatment is not altogether from the styptic action of the iron, but that a portion of it arises from the intolerance of the uterus to any foreign substance in its cavity, the muscular fibres contracting forcibly to expel the intruder, and I cannot see why an ordinary case of uterine hemorrhage could not be treated successfully by non-medicated tents alone.—*Med. and Surg. Rep.*

THE EVIL EFFECTS OF THE NASAL DOUCHE.

[Read before the Philadelphia County Medical Society, June 28, 1882.]

BY CARL SEILER, M. D.

Lecturer on Diseases of the Throat at the University of Pennsylvania; Chief of the Throat Dispensary at the University Hospital, etc.

Several years ago I read a paper before this Society in which I pointed out the proper manner of using the nasal douche so as to avoid some of the ill effects which may be produced by this instrument. Since then I have given the matter close attention, and have found that the nasal douche, both anterior and posterior, is in many cases of nasal disease a most dangerous instrument to place into the hands of the patient. If we examine the current medical literature, we will find a number of cases reported in which diseases of the middle ear, inflammation of the mucous membrane lining the frontal sinus, meningitis, and even death, were caused more or less directly by the nasal douche; and I have myself seen several cases of acute otitis media caused by water from the douche entering the Eustachian tube.

The question then arises, shall the nasal douche be used at all, and, if so, how shall it be used, and in what class of cases? To answer these queries is the object of my communication.

In the first place, let me reiterate what I said in my former com-

munication,*—viz., that the nasal douche is one of the best means of cleansing the nasal cavities, and that it can be used in many cases without fear of evil consequences, if the proper precautions are observed. These precautions are: 1, that the liquid should be of the temperature of the body; 2, that it should be of the same specific gravity as the serum of the blood, a liquid easily obtained by dissolving an even teaspoonful of common table salt in a pint of water; 3, that the bottom of the vessel should not be elevated above the forehead of the patient using it, for if the vessel is held higher the force of the liquid becomes so great as easily to find its way into the cavities contiguous and communicating with the nasal cavities; and, 4, that while the water flows through the nasal cavities the patient should abstain from swallowing, because during the act of deglutition the mouth of the Eustachian tube is momentarily opened, thus allowing the fluid to enter the middle ear.

More important, however, than the above precautions, is the proper selection of cases. A glance at the mechanical arrangement of the nasal cavities will show us that a stream of water thrown up through one nostril passes into the post-nasal cavity, and, being prevented from passing into the lower pharynx by the soft palate, which is raised, will flow out through the other nostril. If, as is frequently the case in nasal catarrh, the nostrils are more or less obstructed by deviation of the septum, exostosis or *echondrosis* of the septum (if I may be allowed to coin a word to designate the localized thickening of the cartilaginous portion of the septum), or by anterior or posterior hypertrophies of the erectile tissue covering the turbinated bones and by polypi, the easy outflow of the fluid is prevented, it accumulates in the post-nasal cavity, and is forced into the middle ear, the frontal sinus, and even into the antrum, giving rise to inflammation of the mucous membrane lining these cavities. It frequently occurs that the hypertrophies act as valves, allowing the fluid to pass up, but prevent it from flowing out again. This is especially noticeable in cases of posterior hypertrophies, which, being attached to the turbinated bones by a sort of pedicle, are forced by the inflowing current into the post-nasal cavity, thus making room for the liquid to pass in, but are tightly wedged into the nostril by the return current, and prevent any outflow.

In cases where the tissue is not sufficiently hypertrophied to cause an obstruction to the current of liquid from the nasal douche under ordinary conditions, it will swell up and cause obstruction when an acute congestion is present, or if the fluid used is too cold or not of the proper density. The same objections hold good when the post-nasal syringe or douche is used, for an obstruction in the nostrils also causes in this case an accumulation of liquid in the post-nasal cavity.

It will therefore be seen that the nasal douche should be used only in those cases of nasal disease in which there is no obstruction in the nostrils, but where there is an accumulation of secretion

*Transactions of the Philadelphia County Medical Society, 1879.

which, becoming inspissated, gives rise to the fetid odor noticed in ozæna. A copious stream, such as can only be obtained from the anterior or posterior nasal douche, is needed to remove the dried crusts and thoroughly cleanse the nasal cavities, and I am in the habit of adding some soda or borax to the solution of salt and water, because I have found that an alkaline solution dissolves and dislodges the crusts more readily than a neutral one. The amount of salt should of course be reduced in proportion to the addition of the alkali—*Philadelphia Med. Times*.

HOW TO EXAMINE A SICK CHILD.

TRANSLATED BY R. MATAS, M.D.

Dr. Decroizilles inaugurated his course of pædiatry, at the children's hospital, by indicating the method to be followed in the examination of sick infants for the proper detection of disease.

We summarize:

If we are dealing with the newborn infant great advantage will be derived from an examination during sleep. If proper care is taken not to waken the slumberer, an opportunity is offered to us for the favorable observation of the physiognomy, attitude, respiration and pulse. If awake, we should notice any peculiarity about its cry, the manner in which it takes the breast; we should closely examine its jaws to determine the existence of any abnormalities of conformation, and if the lips are able to suck the examiner's finger well.

After these brief observations are made, the babe should be stripped and all the regions of its body should be successively submitted to inspection.

The normal attitude of the newborn infant is that of flexion, with the head dropped upon the breast; toward the end of the second month the head is maintained elevated; in the fourth or fifth the infant easily sits up; about the eighth or ninth it begins to support itself upon its feet, and, finally, at about the termination of the fourteenth or fifteenth month it attempts to walk.

The cutaneous surface, which is usually very red during the first few days, may assume a yellow icteroid tinge on the third or fourth day. It does not attain its definite color till the fourth month.

To examine the grown up infant is a more difficult matter. It becomes necessary sometimes to recur to forcible measures, but these should always be practiced with gentleness.

The examination in such cases should begin as before, by divesting the little patient of all his garments in order that an exact "inventory" may be taken of his body.

The wrappings which envelope the child should be minutely examined, so that the nature of the alvine discharges and the character of the urinary secretion be properly ascertained. If the diaper is not damp with urine, a slight pressure over the hypogastrium will usually suffice to cause the discharge of a certain quantity of this fluid.

As the infantile pulse is usually very rapid, the thermometer should be used regularly to recognize the presence of fever.

The faces of infants are a matter of great importance in the study and diagnosis of their diseases. The healthy babe's face is usually calm and placid; it becomes contracted and corrugated upon the advent of pain; choleraic disorders will cause a peculiar pinching of the faces and a characteristic drawing down of the oral angles; whilst pneumonia will tinge the cheeks with a circumscribed blush.

Once the existence of fever is recognized, an examination of the throat should never be neglected. To inspect an infant's throat is not always an easy matter, as most practitioners know. The child should be held firmly in the arms of some strong person in order that it may be rendered as passive as possible; the nose should be gently pinched between the thumb and index, in order to force it to open its mouth; then the introduction of the tongue depressor will become an easy measure.

Auscultation should always be practiced directly with the ear over the chest. The vesicular murmur in a child is always more intense than in the adult; and on a level with the great bronchial trunks, over the spine and scapular regions, it is remarkably reinforced, so that it assumes a rude and almost bronchial character.

The heart's sounds are louder and clearer than in the adult. Their maximum intensity is heard only over one place, the third intercostal space, to the left.

In the infant, percussion should succeed auscultation.

The pulmonary resonance extends, posteriorly, to the twelfth dorsal vertebræ; on the right to the tenth and eleventh only; in front and to the left it extends to the fourth or fifth rib, and on the right side to the third only.—*New Orleans Med. and Surg. Jour.*

The Bacillus of Tuberculosis.—The *Allegemeine Medicinische Central Zeitung* and the *Berliner Klinische Wochenschrift* for April 1st contains a brief reference to the discovery by Dr. Robert Koch of the bacillus of tuberculosis. This he has succeeded in cultivating through six or eight generations without diminishing its power. The bacillus, as far as has yet been proved, is identical both in men and animals. By inoculation, as well as by injection into the vessels, Koch has succeeded in producing acute miliary tuberculosis as well as cheesy processes in animals otherwise free from tuberculosis. This small bacillus grows very slowly, and is essentially different from all the other pathogenic bacteria and micrococci. The full text of the paper is promised for an early date.

Koch does not usually herald his discoveries until they are pretty well proved. Moreover, his late onslaught upon Grawitz for rushing in unseemly haste to unwarranted conclusions in regard to the inoculation of fungi furnishes an additional guaranty, if such be needed, that he is not likely to choose the present moment himself for abandoning those habits of exact method and care which have, as a rule, characterized his work hitherto. Our readers are likely to hear of this discovery again.—*Boston Med. and Surg. Jour.*

ABSTRACTS AND GLEANINGS.

Foreign Bodies in the Air Passages.—This paper was statistical, and contained generalizations from over one thousand cases which he had collected. The conclusions to which he had been led differed from those of most text-books, but were founded upon a careful comparison of the results obtained by prompt surgical interference and those which followed spontaneous expulsion: His conclusions were:

1. When a foreign body is lodged either in the larynx, trachea or bronchia, the use of emetics, errhines, or similar means, should not be employed, as they increase the sufferings of the patient and do not increase his chances of recovery.

2. Inversion of the body and succussion, though sometimes useful, are dangerous; and should not be practiced unless the wind-pipe has been previously opened.

3. The presence simply of a foreign body in the larynx, trachea, or bronchia, does not make bronchotomy necessary.

4. While a foreign body causes no dangerous symptoms, bronchotomy should not be performed.

5. While a foreign body remains fixed in the trachea or bronchia, as a general rule, bronchotomy should not be practiced.

6. When symptoms of suffocation are present, or occur at frequent intervals, bronchotomy should be resorted to without delay.

7. When the foreign body is lodged in the larynx, there being no paroxysms of strangulation, but an increasing difficulty of respiration from oedema or inflammation, bronchotomy is demanded.

8. When the body is movable in the trachea, and excites frequent attacks of strangulation, bronchotomy should be performed.

Dr. Mears told of a case where he had been removing a tongue, and an assistant let a sponge, which was not firmly enough attached to a probang, drop into the patient's larynx. He opened the trachea at once—not by dissection, but by plunging the knife boldly into the trachea. He also narrated some particulars of a case which had been under treatment for serious pulmonary disease. The boy was one day swinging, when he fell out upon his face on the ground, where a penny was found which he had then expelled from his lung. After this all the symptoms gradually disappeared and the patient got well. He also told of a case in which a distinguished surgeon operated, and the instant the trachea was opened a coin was expelled from the wound.—*Dr. Weist in Amer. Surg. Association.*

The Rational and Routine Treatment of Venereal Disease.—Dr. Post asked if the reader would include excision of the primary lesion with the cautery.

Dr. Greenough answered yes.

Dr. Post mentioned that of the large number of cases seen by him at Chelsea, the character of the primary sore was almost al-

ways masked by the use of "blue-stone," which is so universal among seamen.

Dr. Langmaid expressed his surprise at the sweeping strictures of the reader on eaustics, for, while agreeing in the main, his own experience had given him great faith in the application of nitric acid and acid nitrate of mercury. He believed he secured better results than with iodoform, and avoided the disagreeable smell of the latter, often a matter of great importance. The pain from the application of the acid nitrate of mercury was at first severe, but could be very much controlled by the preliminary application of carbolic acid.

In regard to the so-called secondary and tertiary ulcerations of the mouth and throat, Dr. Langmaid dissented from Dr. Greenough. He found in these cases great good to result from the occasional application of acid nitrate of mercury, together with constitutional treatment. He had seen the most obstinate ulcers heal repeatedly under this method of treatment, and even the perforations of the hard palate, which are usually considered as hopeless.

In regard to the question of marriage, Dr. Greenough said that while he could not conceive of any combination of circumstances which would justify a physician in guaranteeing a patient who had had syphilis from the possibility of future relapses, he did think that in cases where treatment had been kept up for two years, and another year had elapsed without any relapse, the chances were decidedly against any manifestations of a specific nature either in the patient or his progeny. He thought that the number of cases of patients who, having had an attack of syphilis, went through life without ever hearing from it again, must be greater than formerly. Where, on the other hand, a patient has had relapses, he never can feel safe as to the future.

Dr. Parks asked if Dr. Greenough believed in a sympathetic gonorrhœal disease of the eyes that is not due to infection. The reader had never seen such a case, but it was described by older writers.

Dr. Waterman asked if Dr. Greenough could give any statistics as to the spontaneous cure of syphilis.

The reader could not, but thought there must be quite a large number, judging from the very slight amount of treatment that many cases receive. In dispensary practice a large proportion of patients cease their attendance as soon as their symptoms have disappeared. He had known of cases where, from recklessness or carelessness, practically no systematic treatment had been followed out, and yet the disease seems to have been entirely eradicated.—*Boston Med. and Surg. Journal.*

The Value of Pure Codeine.—In an article published in the *Journal de Therapeutique*, Dr. Leblanc says: The reason why authorities differ as to the merits of codeine is probably due to the fact that it is frequently adulterated by admixture of chlorhydrate of morphia. Out of 100 samples of so-called codeine syrup, recently examined, 23 were found not to contain a particle of this substance. As far as my observations go, I have found codeine

to be a reliable soporific, valuable because of its mildness and the facility with which its effects are dispelled without leaving any unpleasant results. These effects are especially notable in cases of acute and subacute bronchitis, so much so that I am inclined to believe this alkaloid possesses an elective sedative action on the mucous membranes of the bronchi and larynx. Under its influence the tickling sensations in the larynx, which induce coughing, are speedily calmed, and the patient falls into a quiet and refreshing sleep. Another advantage in favor of codeine is, that it is well tolerated by those persons who, owing to nervous temperaments, or from some unknown idiosyncrasy, are unable to take morphine.

There are a great many patients who, as it were, react against the effects of opium or morphia, either by experiencing nausea, or from a natural tendency to struggle against the hypnotic effects of morphia, as soon as they begin to be felt.

In such cases pure codeine gives most excellent results; its effects are progressively soothing and culminate in a quiet sleep, unattended by either giddiness or those strange sensations, amounting often to delirium, which frequently accompany morphia.

From the foregoing observations, it would seem that codeine is a valuable remedy as a sedative in insomnia, colds, bronchitis, asthma and whooping-cough, provided it is perfectly pure.—*Med. and Surg. Reporter.*

Can a Man have Syphilis Twice.—The British Medical Journal reports the following valuable remarks by Mr. Jonathan Hutchinson, on this interesting topic:

The man whom we have just seen offers a remarkable example of the occurrence of a second chancre soon after the first. His second sore has been, as I have repeatedly demonstrated, characteristically indurated. He is quite candid, and makes no doubt that this sore was the result of contagion. Yet it is barely a year since he had his first chancre, and this was followed by an eruption, of which he had scarcely got clear when this second sore occurred. The case is proof that a man may have an indurated sore on the penis within a year of a former one, but it is not proof that he may have syphilis twice, for this patient has not as yet had any constitutional symptoms as the result of the last chancre. If, however, you ask me for an answer to the general question, Can a man have true, complete syphilis twice? then I must reply clearly that he can. Such cases are rare—as rare, perhaps, as examples of second attacks of smallpox—but they do occur. I am at present attending a gentleman who has a terrible phagedenic chancre and rupial eruption, and who unquestionably had complete syphilis, chancre, sore-throat and rash seven years ago. I have also a second case under care, very much milder, but illustrating exactly the same fact, with almost precisely similar dates. Second chancres are, however, far more common than second attacks of constitutional syphilis. Many of them are the result of fresh contagion, but seem to have no power to produce constitutional symptoms; but others are not from contagion at all, but form in connection with a taint still remaining from the first attack. It is a most im-

portant fact that indurations may form in the penis, in every respect exactly like Hunterian chancres, not distinguishable in any way, and yet they may be merely recurred sores, and the products of constitutional taint. I have seen this over and over again; and M. Alfred Fournier, of the St. Louis Hospital, has written a very instructive paper on this form of sore. In the case of our patient, it is obviously impossible to say, after the statement which I have just made, whether or not his present sore is the result of fresh contagion. It may simply be a relapse, or it may be a gumma. He, however, confesses to exposure; and, as the sore followed in due course, it is probably true that he was afresh inoculated. Second attacks of syphilis are sometimes, as in the case just mentioned, very severe. The same has, I believe, been occasionally noted in recurred attacks of variola. As a rule, however, they are mild, or even abortive. Third attacks may even occur; and so may, as we are told, third attacks of smallpox. We must explain such facts, I expect, by reference to individual peculiarity and idiosyncrasy, but it is important that they should be known. The belief that syphilis can occur but once in a lifetime is very widely spread among a certain class of the public. I have watched with amusement the change in expression in many a young gentleman's face when he got my reply to his smiling suggestion—"A man cannot, I suppose, have the disease a second time.—*Med. and Surg. Rep.*

Physiological Effects of Prolonged Bathing.—In an investigation on the above subject, published in *Paris Medical*, for December, and giving a very accurate account of the effects which baths produce on the system, according to their duration and temperature, Dr. Thury has arrived at a number of conclusions which are both interesting and true. He says: A bath at 97° Fahrenheit is without effect on the circulation. All baths below 97° reduce the action of the heart. The beats, however, acquire greater energy. The pulse retains perfect regularity. Circulation is not reduced in direct ratio with the temperature of the water, but it is influenced by the duration of the bath.

When baths of 75° or less are prolonged for an hour, arterial pulsation continues decreasing after exit from the water. Baths at or below the temperature of the body quicken circulation. This acceleration is proportional to the temperature of the water. The pulse is irregular and the heart fluttering.

Baths between 97° and 99° are without effect on animal heat. Baths below 97° reduce the temperature of the body. Baths between 92° and 97° cause a loss of 0.97° to 1.46°; this reduction is obtained within half an hour; after this the thermometer remains stationary, even should the bath be continued for two hours.

In baths at 86° or under the fall in temperature is more gradual; it is in proportion to the duration of the bath.

The first effect of a bath at 72° or less causes a slight elevation of temperature. The fall in temperature obtained by means of a half hour bath at 93° is almost equal to that produced by a bath at 72° continued for an hour. After a bath above 82°, continued for an hour or two, temperature has an upward tendency, although

for the following twelve hours it remains from 0.5 to 1° below what it was before the bath. After a bath under 81°, the thermometer continues falling during the next twenty minutes following exit. During the twelve hours following a prolonged bath, at from 64° to 81°, the thermometer indicates a reduction of 1° to 1.50° from the initial temperature.

All baths at or above the temperature of the body produce a rise in central temperature. The rise, in proportion to the temperature of the water, is progressive. A bath at 108°, continued for nineteen minutes, raises the temperature of the body to 104°. A bath at 68° progressively raised to 95° produces a fall in temperature. A bath at 97° gradually reduced to 75° causes, as a first effect, a fall in temperature; but, subsequently, in proportion as the temperature of the bath decreases, that of the body rises. It is only between 91° and 97° that baths can be continued for a long time without causing suffering.

In water, the sensation of cold acts by reflex action, first on the smooth muscular fibres, and later on the striated.

Hot baths predispose to syncope; they are followed by profuse perspiration.

All baths, when long continued, are debilitating.—*Med. and Surg. Reporter.*

Shall the Travelling Mesmerizer be Abolished.—A new and curious medico-legal question has recently been raised in the Swiss courts, an account of which is given in the *Correspondenz-Blatt*.

In 1880-81 a famous "magnetizer," Donato, traveled through Switzerland giving exhibitions. One of the results was the development of a furor for mesmerizing each other, especially among the young people. In July, 1881, a young girl applied for admission to the Maternity Hospital at Berne, saying that she was pregnant. She stated further that, being visited by a young man one evening, he mesmerized her and then violated her person. She was delivered of a child in September. Her story reached the ears of the "juge d'instruction" of Berne. He caused the matter to be investigated. Dr. Ladame, of Neuchatel, was appointed to investigate the matter. He did so, and gave a very elaborate report thereon. The question is, he says, an entirely new one in medical jurisprudence. There exist only four cases reported in medical literature.

These four cases are cited at length by Dr. Ladame, with the opinions of experts given upon them at the time. In one case the plea was asserted to be a fraud, because the woman was able to give a full account of the affair. This, in all cases, it was agreed, showed that the state produced could not have been a hypnotic one.

The other cases showed that violation could take place during "nervous sleep" without the knowledge and against the desire of the woman.

This opinion, sustained by Tardieu, Brouardel and others, is one which would naturally be drawn from the known characteristics.

of this peculiar condition; and it may become a matter of importance in the future that this fact be known to medical men.

The question will at once follow whether traveling mesmerizers should not be forbidden to exercise their arts. The influence which they exert upon the health of their subjects is certainly not good. Should it become known that mesmerizing is a simple thing, and that a certain per cent. of young women are susceptible to the hypnotic condition, bad results to morals might follow.

On the other hand, the plea that violation was done by the help of mesmeric practices will almost always be difficult to prove. Dr. Brouardel, indeed, asserts that since the researches of Charcot it is possible to distinguish absolutely the hypnotic condition from simulation. This view is not, however, as yet generally accepted.

We trust that the subject may continue as rare and novel as it is now, though this can hardly be expected.—*N. Y. Med. Record.*

Treatment of Bone Felon.—While looking over The Druggists Circular of a late date, my attention was directed to an article headed "Bone Felon," in which the writer has offered a remedy for its cure, and which, he states, was copied from the London Lancet. The remedy is as follows: As soon as the disease makes its appearance, apply to the spot a fly blister, about the size of your thumb nail, and let it remain for six hours, at the expiration of which time, directly under the surface of the blister, may be seen the felon, which can be instantly taken out with the point of a needle or lancet.

Permit me here to state, that while I consider the London Lancet a most valuable work of its kind, and generally excellent authority on which to base our opinions respecting the nature and mode of treating diseases, yet I am free to confess that I have but little or no faith in the remedy which it offers for the cure of bone felon.

Any one who has studied carefully the history or nature of this complaint, or has had much experience in the treatment of it, knows full well that the simple application of a fly plaster to the part affected will not cure it.

This disease is not, as many suppose, simply a swelling of the soft parts of the finger, or a collection of matter under the skin, but a disease more deeply seated—a disease of the bone and periosteum, or the membrane surrounding the bone and giving nourishment and vitality to it.

When this bone or its membrane is seriously injured from any cause whatever, inflammation is set up, the membrane as well as the bone becomes morbidly sensitive, matter collects under it, and by its continued accumulation, presses upon and distends the part, giving rise to the excruciating pain which is always experienced in this disease.

Admitting this to be the true character of the complaint, what is the remedy to be applied? It is a very simple one, and which any person with the least nerve can readily and quickly perform. With a sharp knife or razor lay the part freely open to the bone.

This will give exit to the matter, and by relieving the distention of the diseased parts will afford instant relief.

All that now remains to be done is to apply a slippery elm, flaxseed, or bread and milk poultice. The addition of a little lead water to the poultice will assist in allaying the excitement in the parts and add materially to its curative effects.—*Druggistss Circular*.

Case of Pregnancy in a Woman at the Age of Sixty-two.

—Cases of pregnancy occurring in women who have passed the half century, and more especially in one who has borne over a score of children, are undoubtedly of extreme rarity.

Early on the morning of 29th November, 1880, Dr. W. John Kennedy, of Dalkeith (*Edinburgh Medical Journal*, June, 1882), was summoned to attend Mrs. M., residing in Back street, Dalkeith. Patient was sixty-two years of age, her catamenia had generally been regular (the last occurring in the middle of February), and she was in her twenty-third pregnancy. On arrival, Dr. K. found labor going on naturally, os well dilated, pains strong and regular, and the head presenting. Having waited a short time, and finding that the expulsive powers showed no signs of rupturing the membranes, he punctured them, after which four or five pains sufficed to expel the child.

Naturally, the first question which arises in one's mind is, are the data on which this woman's age is set down at sixty-two correct? In regard to this, Dr. K. calls attention to the following points in evidence:

1st. The statements made to him by the woman herself. These were given freely and explicitly, and the most careful cross-examination entirely failed in producing any contradictions. Besides, there was no possible object to be gained by the woman fabricating such a remarkable history as that given by her.

2d. The fact that Mrs. M. was a nurse under Dr. K. in 1870, when she said that she was over fifty; and certainly she had quite the appearance of a woman of that age.

3d. The number of confinements which she had had at term, namely, twenty (one twin), with the addition of three miscarriages.

4th. The fact that in June, 1879, when her third husband applied to the parochial board at Selkirk for relief, he stated his wife's age to be sixty years, i. e., sixty-one in the following October.

From a medico-legal point of view, Dr. K. ventures to think that this case presents some features of special interest. Whilst it is impossible to lay down a hard and fast rule as to the age beyond which a woman may not conceive and bear a child, still every well-authenticated case of pregnancy at an advanced age is of value, as showing how late in life a woman may have, and actually has had, a child. It may be said roughly that the child-bearing age in woman ceases between forty and fifty; but as impregnation may take place at exceptionally early periods of life, so it may also occur at ages considerably beyond fifty. In a table given in

Taylor's Medical Jurisprudence (1865, p. 876), there are twelve cases quoted at ages from fifty to fifty-four. In the same work there is also a case mentioned in which a healthy woman bore a child at the age of sixty, menstruation having continued up to that time. Two others at sixty-three and sixty-five are noted, but their authenticity is doubted. He also gives two cases, recorded by Haller, in which women at sixty-three and seventy bore children.—*Amer. Jour. Ob.*

The Scientific Principles of Inhalation.—In the British Medical Journal, Dr. Robert J. Lee thus writes:

The important relation recently shown to exist between septic agents diffused in the atmosphere and certain forms of pulmonary disease, is receiving so much attention that it is well to consider the scientific principles on which it depends. Experiments show that it is possible to diffuse antiseptic agents in the atmosphere by evaporation, and that organic substances may be preserved in such atmosphere without decomposition; or, in other words, that the air may be treated as a fluid, and be charged with antiseptics which prevent bacterial development. Now, when we burn any of the hydrocarbons or gum-resins, we do not volatilize them, and the air is rendered antiseptic, except to the extent that a certain amount escapes unburnt and is diffused. It follows, from this, that destruction of the antiseptic agent must be avoided. After numerous experiments—and the general results of those made a few years ago were presented at the Cambridge meeting of our Association—it appears that carbolic acid is the only antiseptic, as far as I know, which can be volatilized in a definite and constant manner. This is a most important fact in treatment, and deserving attention. If a solution of 1 part of carbolic acid in 80 of water be distilled under slight pressure, the vapor will contain the same proportion of the acid as the solution during the process of boiling; so that we can obtain vapor of any strength and diffuse it in the atmosphere. Other antiseptics are either more or less volatile: as, for example, thymol, which comes off very rapidly from the boiling water, as does also benzoic acid: so that they are not convenient for inhaling.

It is also necessary to observe that vaporizing a solution in the form of spray does not volatilize the antiseptic to any great extent, since the dew settles quickly on the nearest surfaces, and does not rise and diffuse itself as the vapor of steam does.

Again, the sprinkling of solutions on clothes does not necessarily secure diffusion of the agent; for, at the ordinary temperature, the agent may not evaporate, but will remain in the texture of the cloth. There are other details which will occur to those who reflect on these matters, and will secure success as may fairly be expected from the scientific use of atmospheric disinfectants. I trust that I shall be forgiven for egotism in saying that I think the small inhaler exhibited by Maw, Son & Thompson for me, at the International Sanitary Exhibition at the present time, affords the most convenient and scientific means of atmospheric disinfection.

tion; and that, until more perfect methods are offered to the profession, I believe it will be found deserving of more general attention than it has yet received.—*Med. and Surg. Reporter.*

Tonsillotomy by Ignipuncture.—The British Medical Journal, after commenting on the dangers of removing hypertrophied tonsils by all of the old methods, says: "It is now alleged that with the thermo-cautery this serious accident (hemorrhage) is no longer to be dreaded. M. Krishaber, who has tried it during two years, and has collected more than forty cases (*"Annales des Maladies de l'Oreille et du Larynx"*) has never had any accident after this treatment, and the results obtained have been lasting. It is likewise a novel application of a method which he has found perfectly successful for granulations of the larynx and pharynx. He proceeds as follows: The patient is placed—firmly, if a child—as if for laryngoscopic examination, in front of the operator, the mouth open, the tongue held back by a large spatula, the bottom of the throat well illuminated. M. Krishaber generally uses Paquelin's narrow-pointed thermo-cautery, heated to red heat. When it is only required to modify the nutrition of the gland, he gives preference to Trouve's polyscopic galvano-cautery. The puncture of the gland, made as deeply as possible with the point of the instrument, should be repeated five or six times at each sitting. An interval of two or three days is left between the sittings, so as to allow the fall of the eschar, and to estimate the result. The operation is not at all painful, and pain from burning is rarely felt. Nothing need be administered after the operation except, in some cases, a gargle of warm water, slightly carbolized.—*Med. and Surg. Rep.*

Swallowing a Baby.—Dr. J. R. Harwell, M. D., reports in Nashville Medical Journal (Nashville, Tenn.) the case of a little child who swallowed a small china doll: "It was about an inch in length, by about three lines in thickness, with legs extended, and arms flexed at the elbow, so as to be at right angles with the body. The arms measured from the elbow to the end of the hand about four lines. When the doll slipped into the pharynx there was an involuntary spasmodic effort to expel it, and, no doubt, it was arrested in the œsophagus for a few moments before passing through the cardiac orifice, as, in addition to indications of impending suffocation, the little patient complained for a short time of acute pain in the region of the stomach. This, however, soon passed off and she fell into a quiet slumber, in which condition I found her. On awaking she complained of no pain, and, assuring the frightened young ladies that, in my humble opinion, the danger was passed, I left. The next morning the doll was found in the dejections of the child, having traversed the entire alimentary canal. This, of course, gave inexpressible relief to the mind of the anxious mother, who carefully laid the doll away to become a family relic, to be exhibited in the years to come, on account of its associations and wonderful adventures. Though asked to do something to rid the stomach of the doll, I declined to do so, be-

lieving it to be innocuous, and that it would easily pass through the intestinal tract without ill effect. Emetics, with the view of expelling the foreign body, would have been highly improper, and even dangerous, as the irregular shape of the doll made it liable to lodge in the œsophageal tract."

The Feeding of Infants.—This subject was discussed at the one hundred and twelfth annual meeting of the Medical Society of the State of New Jersey, at Spring Lake, New Jersey, May 28 and 29, 1878. Special Report for the Medical Record, Vol. 13, No. 23. (Extract from the report.) "Answers to this question differed with the residence of the physician—the country and city manifesting each its peculiar needs. The mother's milk is generally conceded to be the best for the infant, but even when this is abundant, it may be disadvantageous for the individual living on it, and a substitute be necessary. Country practitioners recommend cow's milk as the best substitute, while many in cities and towns speak highly of condensed milk. Of the preparations so various and so highly commended by those who put them on the market, the Imperial Granum seems to hold the first place in the estimation of medical observers. All agree in condemning the use of nursing-tubes as unclean, even with the best of care."

Can Dreams be Controlled?—The Lancet says that a French investigator, M. Delaunay, finds, from experiments upon himself, that the character of his dreaming may be controlled by stimulating various portions of the brain by means of heat. By covering his forehead with a layer of wadding he gets sane, intelligent dreams. He has also experimented on modes of lying, which favor the flow of blood to particular parts, increasing their nutrition and functional activity. He has observed that the dreams he has while lying upon his back are sensorial, variegated, luxurious. Those experienced when on the right side are mobile, full of exaggeration, absurd, and refer to old matters; but those produced when on the left side are intelligent and reasonable, and relate to recent matters; in these dreams one often speaks. These observations may be correct, so far as M. Delaunay is concerned, but most people who lie on their back, especially after eating, are apt to find their dreams anything but luxurious.—*Med. and Surg. Reporter*, July 15, 1882.

Treatment of Facial Erysipelas by Scarifications and Opium.—Dr. V. Netzetky, of Russia, describes (*Vracheb. Vedom.* No. 11, 1882) a treatment of erysipelas successfully practiced by native barbers, and consisting in numerous superficial vertical scarifications made by a razor over the whole diseased part. After the bleeding spontaneously stops, they moisten the affected surface by an aqueous solution of opium (two grains to the drachm), and cover with a layer of cotton wool. Rapid cure follows, as the author alleges; he himself observed two cases successfully treated in this way.—*N. Y. Med. Record*.

Recent Advances in Urinary Analysis.—Among the more or less recent additions to our knowledge of urinary analysis, Lobisch (Wien. med. Woch., Dec. 10, 17, 1881) gives the following as the more important: 1. The absorption of carbolic acid in large (toxic) quantities is marked by the disappearance from the urine of the sulphates which furnish a precipitate with barium chloride, the reason being that most of the sulphur compounds have entered into combination with the phenol, and in this state are not acted upon by this precipitating agent. 2. The presence of an abnormal quantity of indican in the urine has been noted in certain wasting affections, as well as in peritonitis and intestinal obstruction. 3. Peptonuria occurs chiefly in connection with suppurative processes on any part of the body, and in croupous pneumonia. 4. Chyluria is found in fatty degeneration of the urinary tract, in malignant tumors, especially of the pancreas, in phosphorus poisoning, acute yellow atrophy of the liver, fat embolism, etc.—*N. Y. Med. Jour.*

Simple Treatment of Excessive Sweating.—Dr. T. H. Currie, of Lebanon, says, in the *Michigan Med. News*: "For over thirty years I have used the following prescription, without a single failure, in sweats from whatever cause: "Alcohol, O. j; sulphate of quinine, 3 j. Wet a small sponge with it and bathe the body and limbs, a small surface at a time, care being taken not to expose the body to a draft of air in doing it. In one case a neighboring physician was poisoned while dressing a mortified finger. He suffered untold misery and was drenched with perspiration for a number of days, and his life despaired of. When I saw him, I ordered him to be bathed immediately in the above solution, and that this be repeated once in two hours. The third application stopped all perspiration, and convalescence began at once."—*N. Y. Med. Record.*

Comparative Size of Drops.—The following table approximately gives the average number of drops in a fluid drachm of the various classes of U. S. P. preparations:

Sulphuric ether.....	174	Mixtures.....	80
Fluid extracts.....	141	Vinegars.....	77
Spirits.....	141	Sy'p not containing f. exts.	69
Tinctures.....	136	Solutions (1 exception)...	66
Volatile oils.....	131	Diluted acids.....	61
Oleo-resins.....	124	EXCEPTIONS.	
Acids (3 exceptions)....	123	Sol. nitrate of mercury....	131
Wines.....	106	Nitromuriatic acid.....	76
Fixed oils.....	103	Muriatic acid.....	70
Sy'ps containing fl. exts...	07	Sulphurous acid.....	159

—*Exchange.*

THE Alienist and Neurologist cites the case of a family in which there were three idiotic boys. One of these was so unfortunate as to accidentally receive such a blow on his head as had the effect of causing sufficient change in his mental condition as to enable his parents afterward to make a lawyer out of him.

Codeia in Diabetes.—In the British Medical Journal, Dr. R. Shingleton Smith relates some cases of diabetes treated by codeia, in which this drug produced very good effects. It has a remarkable power of checking the elimination of sugar, and a corresponding improvement in the health of the patient results. It would appear that alkalies and all other methods of treatment are far inferior to the treatment by codeia, which may be considered to have almost a specific action on the disease. The facts seem to justify decided language with regard to the use of codeia, which should not be permissive, but imperative, in all cases of advanced diabetes mellitus; whatever else may be given, codeia should first be given, and in fairly large doses, until some physiological effect is produced. Even dieting appears to sink into insignificance, alongside of codeia, and in one case this drug alone was sufficient without any dieting, the patient being on a mixed diet all the time.—*Amer. Med. Weekly.*

Hydrophobia Cured.—The treatment consisted in giving one part of potassium bromide (60 to 120 grains) a day, with syrup of codeine, chloral, and in addition to this a subcutaneous injection of nitrate of pilocarpine, repeated 3 to 4 times a day at first, but afterwards only twice. Under the influence of this treatment, the crisis was little removed; dysphagia diminished, then ceased; agitation disappeared, the appetite returned, and at the end of fifteen days the cure was considered complete.

Detection of Vesical Calculi in Children.—Volkman suggests the following: The bladder is to be nearly empty, and under the influence of anesthetic, an examination is to be made with the left hand in the rectum. The right hand presses firmly above the symphysis pubis, forcing the bladder down upon the rectum. In this way even small calculi can be detected, although he has generally found them to be larger when extracted than he had expected on examination.—*N. C. Med. Jour.*

Hydrate of Chloral and Tinct. Iodine.—According to the authority of Pavesi, the therapeutic powers of tincture of Iodine are increased by the addition of chloral hydrate, which dissolves in it without decomposition, and is readily miscible with water without precipitation. This combination possesses remarkable hemostatic virtues, from its marked coagulating powers over albumen.—*Pacific Medical Journal.*

An Irish Hermaphrodite.—Two Irishmen, having been rather intimate with a certain young woman, were compelled by other members of the family to make provision for the prospective offspring. If it turned out to be a boy, by mutual agreement, Pat was to take care of it; if a girl, that duty was to devolve on Mike. After several months of suspense, Mike came one day running towards Pat, his face beaming with a smile of the utmost satisfaction. "Hello, Pat, the bloody thing has come!" "Well," says Pat, "what is it, a boy?" "No." "What, then, a girl?" "No, it's a d—d naygar."—*Obst. Rev.*

Disinfection of Urine.—In the Medical Annals, Dr. F. C. Curtis states, hydrate of chloral has the property of disinfecting urine. In August last he received a specimen of urine, four ounces, containing five grains of chloral to the ounce. No special care was taken to facilitate its preservation. It has been simply corked, and has been several times opened. It is now perfectly transparent, of a clear amber color, and has a fresh, urinous, slightly balsamic odor. A slight semi-flocculent deposit covers the bottom of the vial. The chemical analysis is identical with the notes made when it was recent: sp. gr. 1.015, acid, albumen one-fourth. The preservation of the albumen is a marked test. On microscopic examination, the epithelial cells are as perfect as in recent urine. No casts were noted and none are now seen. The specimen seems to be quite the same as when freshly voided, and is manifestly instructive and of considerable interest.—*Med. and Surg. Rep.*

Ataxy and Sewing Machines.—In the Union Medicale, M. Octave Guelliot contributes a valuable paper on two cases of locomotor ataxy in women employed on sewing machines. In hysterical women, working at the sewing machine seems to be, in certain cases, the occasional cause of the appearance of locomotor ataxy. The symptoms commence in the lower limbs and progress upward. Shooting pains traverse the limbs from below upward. Improvement is noticed when the patient rests, and it may last a long time. Working at the machine by means of a treadle probably acts chiefly by the concussion, which is diffused throughout the spinal cord. Therefore, the continuous movement of the treadle is dangerous to the work-woman, and endeavors should be made to substitute some other motor for the foot-power.—*Med. and Surg. Rep.*

American Medical Association.—The Secretary of the Surgical Section of the American Medical Association requests all gentlemen who are writing papers to be read before that section at its next meeting to notify him at least one month before the time of meeting. And also to give at the same time the titles of their papers and their probable length. By so doing the titles will be published in time for the members to be prepared for the proper discussion of the various subjects. And he suggests that all gentlemen taking part in the debates reduce their remarks to writing, so that the report may be more accurate and valuable as a mirror of present scientific thought. Communications should be addressed to Wm. A. BYRD, M.D., Secretary Surgical Section, American Medical Association, 407 Jersey street, Quincy, Illinois.—*Med. and Surg. Rep.*

A New Cinchona Alkaloid.—Several English Chemists have found in Flueckiger's China cuprea an alkaloid which, although it in several respects closely resembles quinia, must nevertheless be considered a new one. It has provisionally been called cupreine. The Cuprea cinchona forms vast forests in Columbia, and has been exported since 1871. It varies very much in value, some specimens containing no quinine, others up to two per cent.—*New Idea.*

SCIENTIFIC ITEMS.

Curious Fact Concerning Boiling Water.—At a recent Association Meeting, Mr. A. J. Haddock, A. I. C., related the following: A kettle filled with boiling water was hung in the hottest room of some Turkish baths with the lid on. The temperature of the surrounding air was 252° Fahr. After about an hour the temperature of the water was taken, and indicated, as was expected, 242° . The kettle was then re-hung with the lid off. The temperature of the room was now 252° . In twenty minutes the temperature of the water had fallen to 185° , in thirty minutes to 178° , in forty-five minutes to 170° , and was evidently still falling. The manager stated that it generally fell finally to about 140° , when a point of equilibrium seemed to be established, and the water neither got hotter or cooler. Mr. Haddock supposes this loss of heat was due to rapid evaporation, and conversion of the sensible heat of the water into the latent heat of steam, and as dry air is a very bad conductor of heat (one of the worst known), the heat required to convert a portion of the water into steam had to be abstracted from the remainder of the water, thus lowering its temperature. In substantiation of this explanation, we know as a fact that if water is placed in a vessel over a large bulk of strong sulphuric acid, in the receiver of an air pump, and the air is exhausted, the rapid evaporation of one portion of the water will actually cause the rest to freeze.—*Mineral Water Trade Review*.

Mica Masks.—A well known German manufacturer of mica wares, Herr Raphael, of Breslau, now makes mica masks for the face, which are quite transparent, very light, and affected neither by heat nor by acids. They afford good protection to all workmen who are liable to be injured by heat, dust or noxious vapors, all workers with fire, metal and glass melters, stone masons, etc. In all kinds of grinding and polishing work the flying fragments rebound from the artificial mica plates of the mask without injuring them. These plates are fixed in a metallic frame, which is well isolated by means of asbestos, so as not to be attacked by heat or acid. These masks allow the turning of the eyes in any direction; and, as against mica spectacles, they afford the advantage of protection to the whole face. In certain cases the neck and shoulders may also be guarded by a sheet of cloth impregnated with fire-proof material, or by an asbestos sheet attached to the mask. The interval between the mica and the eyes allows of workmen who have poor eyesight wearing spectacles, and of workers with fire or in melting operations wearing colored glass spectacles under the mask without fear of breakage of the glass, mica being such a bad conductor of heat. Where the mask has to be long worn, it is found desirable to add a caoutchouc tube, with a mouthpiece, for admission of fresh air; the tube passes out to the shoulders, where its funnel-shaped end (sometimes holding a moistened sponge) is supported. The mask has a sort of cap attached to it for fixture on the head.—*Druggists' Circular*.

The Center of Population.—The center of population in the United States was twenty-two miles from Baltimore in 1790, and has moved westward at the average rate of about fifty-one miles every decade, never deviating to the extent of a degree north or south of the thirty-ninth parallel. The greatest progress was between the years 1850 and 1860, when it traveled eighty-one miles from a point in Virginia to twenty miles south of Chillicothe, Ohio. This movement was caused by the settlement of the Pacific coast. The center of population in 1870 was forty-eight miles northwest of Cincinnati. According to the last census, the center had advanced westward fifty-eight miles, and deflected to the south about eight, being near the village of Taylorsville, Kentucky, about eight miles from Cincinnati. It is anticipated that the next census will find it in Jennings county, Indiana. Supposing the westward movement of population to continue, the central point should cross the Mississippi about 1890 not far from the mouth of the Missouri. It is considered probable, however, that it will never go so far westward, as there are large areas in the west which are only adapted for mining and grazing pursuits, and will support but a scanty population. The increase in the region beyond the Mississippi, after the close of the present century, may not much more than counterbalance that of the rest of the country, in which case the center of population will remain almost stationary in Southern Illinois.—*Mechanical News*.

A Curious Bronze Coin was recently picked up on his land by a Cass county, Illinois, farmer. It was sent to Prof. F. F. Hilder, of St. Louis, who makes the following report: "Upon examination I identified it as a coin of Antiochus IV., surnamed Epiphanes, one of the kings of Syria, of the family of the Seleucidae, who reigned from 175 B. C. to 164 B. C., and who is mentioned in the Bible (first book of Maccabees, chapter 1, verse 10), as a cruel persecutor of the Jews. The coin bears on one side a very finely executed head of the king, and on the obverse a sitting figure of Jupiter, bearing in his extended right hand a small figure of Victory, and in his left a wand or scepter, with an inscription in ancient Greek characters—BASILEOS ANTIOCHOU, EPIPHANOUS, and another word, partly defaced, which I believe to be ΝΙΚΕΦΟΡΟΥ; the translation of which is: King Antiochus, Epiphanes (Illustrious) the Victorious. When found it was very much blackened and corroded from long exposure, but when cleaned it appeared in a fine state of preservation and but little worn."—*Mechanical News*.

Dynamogen is the name of a new explosive, invented by M. Petri, a Vienna engineer. If the enthusiastic claims of the inventor are not an exaggeration of its merits, it will certainly prove a dangerous rival of gunpowder.—*Four. of Chem.*

Materialists sometimes quote the words of Kant, "Give me matter, and I will explain the formation of a world;" but they omit his other words, "Give me matter only, and I cannot explain the formation of a caterpillar."—*Ibid.*

PRACTICAL NOTES AND FORMULÆ.

For Tonsillitis.—T. P. Jones, M. D., has found the following of service:

R Fl. ext. ergot.....gtt xl.
 Acid carbolic.....gtt i.
 Aquæ.....℥ iss.

M. (Shake.) Sig.—For throat atomizer, spray every half hour.

If the tonsils are much swollen, a feeling as if something was pulling upon them is produced. This disagreeable feeling subsided after two or three times spraying.—*Therapeutic Gazette.*

Iodine in Croupal Pneumonia.—According to the author—in uncomplicated croupal pneumonia—iodine and iodide potassium are specified if given within 36 hours after the commencement of the attack. Of 98 cases treated, and 10 of them with details of the treatment, the result was very satisfactory. He considers that iodine destroys the diseased germs and aborts the disease rapidly. The following formulæ were used:

R Tr. iodine.....5 drops.
 Distilled water.....120 grammes.

Dose—A large spoonful every hour. Iodide potassium $1\frac{1}{2}$ grains in sweetened water every hour.—*Dr. Schwartz, in Revista Madrid.*

To Remove Freckles.—

R Oil of almonds, exp'd.....fl. ℥ iv; 120.00 fl. Gm
 Lard.....℥ iij; 90.00 Gm
 Spermaceti.....℥ j; 30.00 Gm
 Expressed juice of house-leek...fl. ℥ iij; 90.00 fl. Gm

Melt the spermaceti and lard together; add the oil and then the juice and stir the mixture until it solidifies on cooling. A few drops of some perfume, as cologne, may be added.—*Oil and Drug News.*

Chandler's Chlorodyne.—

R Muriate of Morphia.....8 grains.
 Fluid extract of cannabis indica.....30 minims.
 Oil of peppermint.....10 drops.
 Tr. of capsicum.....15 drops.
 Chloroform.....2 drachms.
 Alcohol.....1 ounce.
 Glycerine.....1 “

Mix. Dose, ten to thirty drops in a wine glass of water.—*Druggists' Circular.*

Mistura Opii Composita.—At a recent pharmaceutical meeting of the Philadelphia College of Pharmacy, Prof. Maisch communicated a formula obtained from Dr. W. A. Hammond for the above mixture. It is made as follows:

R Fl. extract of coca.....2 ounces.
 Fl. extract of viburnum.....1 ounce.
 Fl. extract of opium graveolens.....1 ounce.

The mixture is designated *Mistura Opii Composita* for convenience, and forms an excellent nerve sedative and tonic. The dose is from one to two teaspoonfuls three times a day.—*Druggist's Circular*.

A Sedative Emmenagogue.—For a day or two antecedent to the actual commencement of the catamenial flux, women not infrequently suffer acute pain in the pelvic region, doubtless due to hyperæmia and hyperæsthesia of the reproductive belongings. To obviate this, I have found no treatment give such satisfactory results as the following:

R Codeiæ sulphatis.....gr. j.
 Chloral hydratis.....} aa gr. xx
 Ammonii bromidi.....}
 Aquæ camphoræ.....3 j.

M. For one dose. S. Take at bedtime.

A repetition of the dose at that period is rarely necessary. In some cases a warm sitz-bath of fifteen minutes duration before retiring is a valuable adjuvant.—*Western Med. Rep.*—*Vir. Med. Monthly*, March, 1882.

A New Remedy for Tapeworm.—According to Dr. H. Witt (St. Petersburg Medical Weekly Journal, April, 1882), the alkaloid pelletierinum, lately extracted from the bark of the root of the pomegranate, is the most certain of all remedies for tapeworm. In five cases where all other remedies had failed, about twenty-two grains of this drug, followed by a tablespoonful of castor oil, killed the worm, which appeared unbroken in the stool. The remedy is said to be perfectly tasteless.—*Therapeutic Gazette*.

Salicylic Cream.—Dr. Alexander Ogston (Med. Times and Gazette) recommends as a valuable agent for keeping sponges, tents, instruments, etc., aseptic in the vagina, the following:

R Acid salicylic (pulv.).....1 part.
 Glycerin or vaselin.....4 or 5 parts.

Dr. Matthews Duncan recently commended this preparation to the London Obstetrical Society, stating that "he had used it with success in inducing premature labor and other operations."

Granular Eyelids.—If, on eversion, the lids present that peculiar velvety appearance present in granular lids, use some astringent, such as sulphate of copper in crystal, or paint over the sur-

face a solution of nitrate of silver, forty grains to the ounce of water. It might be well also to apply once or twice a day the following ointment:

R	Hydrarg. ox. rub.	}	aa gr. xv; 1.00 Gm.
	Zinci carb.		
	Ext. opii	℥j;	1.33 Gm.
	Pulv. camphoræ	gr. iij;	0.18 Gm.
	Ung. acquæ rosæ	3 ss;	15.00 Gm.

M. Sig. Rub in a small piece on the lids once or twice daily.
Med. Bulletin.

Mosquito Oil.—

Oil of tar.....	1 ounce.
Olive oil.....	1 ounce,
Oil of pennyroyal,.....	$\frac{1}{2}$ ounce,
Spirit of camphor	$\frac{1}{2}$ ounce,
Glycerine.....	$\frac{1}{2}$ ounce,
Carbolic acid	2 drachms.

M. Shake well before using.—*Drug. Circular.*

Membranous Dysmenorrhœa.—Chlor. hydrate, pot. brom. aa 3 ii; morph. sulph. grs. iss; Syrup aurcortici, 3 iii. Misci. Sig. A dessert spoonful in a wine glass of water every four hours while in pain.—*Thomas.*

Cholera Pills.—The following prescription was recommended highly by the late Dr. Chas. Meigs as a cholera pill:

R	Morph. sulph.	13 grains,
	Camphoræ.....	20 grains,
	Ol. cajeputi.....	10 drops,
	Tragacanth	5 grains,
	Ext. gent.	15 grains,
	Syrp. acaciæ, q. s.	

M. Ft. Mass. et div. pil. No. 100.—*Med. Bulletin.*

Neuralgia.—Dr. David L. Wallace, of Newark, N. J., recommends the following ointment for neuralgia through the columns of the *Med. Record*:

R	Veratriæ	4 grains,
	Morphiæ	6 grains,
	Tr. aconit. rad.....	1 $\frac{1}{2}$ dracms,
	Vaselinæ.....	1 ounce.

M. Sig. To be applied to painful part every fifteen minutes.—*Peoria Med. Monthly.*

For Bites of Fleas. Etc.—The most agreeable and effective application to the skin is a tincture of the pyrethum roseum, made from the powder, shaken up in Eau de Cologne.—*Med. So. Co. of Kings.*



EDITORIALS AND MISCELLANEOUS.

WM. R. WARNER & Co.—See their new and interesting advertisement in our Journal.

PARKE, DAVIS & Co.—Read the attractive advertisement of this large establishment in this Journal.

POST-GRADUATE MEDICAL SCHOOL.—See the advertisement of this new Institution in our Journal.

T. GAILLARD THOMAS has accepted the chair of Clinical Professor of Diseases of Women in the College of Physicians and Surgeons, New York.

LACTOPEPTINE.—See new advertisement of New York Pharmaceutical Association. Their Lactopeptine is now presented in an improved and pure form and free from unpleasant odor and taste. They present it also in a number of combinations, neat and admirably suited to the wants of the practitioner.

THE PEPTONIDS—as prepared by Reed & Carnrick, we believe to be excellent. We have a number of samples sent us by this excellent house for testing. We think them well worthy of trial.

READ all of our advertisements. They will be found interesting and useful, and do not detract from our reading department which remains uniformly the same in every number.

EMBALMING MATCH.

It appears that the undertakers had a convention in New York, and among other things an embalming match has been appointed for that city to ascertain the best method of embalming or preserving the dead body.

ENCOURAGING TO WOMEN DOCTORS.

It is said that the President of Mexico has ordered a monthly appropriation of \$30 to be made to a distinguished lady who has entered the study of medicine.

EPIDEMIC URTICARIA.

Urticaria, or nettle-rash, is so prevalent in Upper Georgia that some have considered it epidemic. This would not be more strange than the epidemic of Whitlow which prevailed all over the United States in or about the year 1850.

A good treatment for urticaria in its acute form is a purgative dose of cream of tartar and sulphur, followed by low diet for a day or two. If periodic in character quinine should be given.

QUININE FLOWER.—Dr. F. H. Caldwell, of Sanford, Florida, has kindly sent us a specimen of the (*Sabbatia Ellrodtii*) used in Florida for intermittent fever, which it is said to relieve in the same manner as quinine, producing the tinnitus aurium as does the sulphate of quinine. It is a small weed with a delicate yellowish flower. We thank the Doctor, and will deposit his specimen in the Botanical department of The Southern Medical College museum.

CITY AND COUNTRY.—The October number of this valuable publication comes to our table filled as ever with good things. As illustrations it has "Chock full of Mischief"—a full page plate; "A Festival in a Shanghai Tea Garden," "The Lansing Evaporator," "City and Country Homes," and "The Hansell Raspberry." "Honor's Debt" is concluded in this issue, and a short serial, "A Strange Discovery," is commenced by Miss Josie C. Malott. The editorials cover every ground, and the one on "Politics in Ohio" is able and will be largely quoted. "Articles on Farm Law" by Hon. Edmund H. Bennett still continues. This valuable publication should be a regular visitor at every fireside. Only 50 cents per year with choice of two premiums. Will C. Turner, editor. A. W. Lincoln, associate. CITY AND COUNTRY CO., publishers, Columbus, Ohio.

The *City and Country* will be sent as a premium to any one sending us a new cash subscriber.

R. C. WORD, Man'g Editor.

TRANSACTIONS OF THE MISSISSIPPI STATE MEDICAL SOCIETY.

The Society met at Oxford, on April 5th, 1882. The volume before us contains 170 pages plainly and neatly gotten out.

The next place of meeting is appointed at Meridian on the 1st Wednesday in April, 1883.

The following are the contents of the volume, among which are some very creditable papers:

President's address, by Dr. B. F. Wood: Alcohol.

New Remedies, by Dr. B. F. Kittrell; Senecio Lobatus, by Dr. D. L. Phares; Retained Placenta, by Dr. T. R. Trotter; Scarlet Fever, by Dr. F. W. Daney; Traumatic Tetanus, by Dr. H. A. Grant; Abortive treatment of Puerperal Convulsions, by Dr. T. H. Gordon; Infantile Convulsions, by Dr. J. P. Moore; Puerperal Eclampsia, successfully treated with *Veratrum viride*, with cases, by Dr. N. L. Guice; Case of Perforation of the Illium by Worms, by Dr. T. J. Crofford; Three cases of Embryotomy, by Dr. J. D. Talbert; Spinal Curvature, by Dr. Chesley Daniel; Surgical cases, by Dr. W. R. Blailock.

REPORT ON THE SURGERY OF MISSISSIPPI—By Dr. M. S. Craft. Cases reported by Dr. T. J. Crofford, of Coffeeville; Dr. R. C. Cunningham, of Verona; Dr. Geo. C. Phillips, of Lexington; Dr. J. M. Taylor, of Corinth; Dr. D. C. Montgomery, of Greenville; Dr. R. E. Jones, of Crystal Springs; Dr. E. L. McGehee, of Wood-

ville; Dr. J. E. Halbert, of Leota Landing; Dr. J. M. Green, of Aberdeen; Dr. S. V. D. Hill, of Macon; Dr. R. E. Edwards, of Edwards; Dr. F. W. Daney, of Holly Springs; Dr. W. R. Blalock, of Carthage; Dr. W. B. Sanford, of Corinth; Dr. C. R. Henderson, of Deasonville; Dr. R. M. Young, of Corinth; Dr. J. H. Blanks, of Meridian; Dr. M. S. Craft, of Jackson.

Obituary—Dr. W. P. Finley.

The following are the officers for the present year:

President—Wirt Johnston, M.D., Jackson.

Vice-Presidents—1st. J. M. Griffin, M.D., Aberdeen.

2d. J. E. Halbert, M.D., Leota Landing.

3d. J. T. Chandler, M.D., Oxford.

4th. E. L. McGehee, M.D., Woodville.

Recording Secretary.—T. W. Fullilove, M.D., Vaiden.

Corresponding Secretary.—M. S. Craft, M.D., Jackson.

Treasurer.—Robert Kells, M.D., Jackson.

Orator.—G. W. Trimble, M.D., Grenada.

Alternate Orator.—J. B. Sanford, M.D., Corinth.

SANITARY CONVENTION.

We are in receipt of a circular sent by Wm. H. Newell, M.D., Corresponding Secretary, and signed by a number of distinguished gentlemen and prominent members of State Boards, addressed to the Secretaries of the several State Boards in the United States, in which they say:

"The undersigned would earnestly request your Board to appoint one Commissioner and an Alternate Commissioner to meet Commissioners appointed by the National and various State Boards of Health of the United States, together with Commissioners appointed by the American Public Health Association, said Commissioners to assemble at Indianapolis, Indiana, on Wednesday, October 18th, 1882, at 9 o'clock, A. M., to take into consideration the question as to the best course to be pursued, which may result in holding a National Medical and Sanitary Exhibition in the year 1883.

"You will oblige by informing us at your earliest convenience of the action taken by your Board of Health in the matter."

STATE MEDICAL SOCIETY OF ARKANSAS.

Transactions of State Medical Society of Arkansas, held in Little Rock, May 31st, 1882, Seventh Annual Session:

A neat book of 163 octavo pages. It contains a list of the entire membership, and a list of all the officers during the several years of its existence, from the organization of the Society in 1875.

We note a number of interesting papers, to-wit:

The President's address, by R. G. Jennings, M. D., on State Legislation, State Board of Health, etc.

Address on Medical Education, by W. H. Hawkins, M. D.

Report of Committee on Medical Legislation, by Jas. H. Southall, M. D., Chairman.

- A study of Red Blood Corpuscles, by T. E. Murrell, M.D.
 Bilious Fever of Arkansas, by M. D. Cantrell, M.D.
 Insanity and Insane Asylums, by P. O. Hooper, M.D.
 Clinical Notes and observations on Prevailing Fevers, by J. A. Dibrell, Jr., M.D.
 Plea for some neglected Branches in Medicine, by Geo. C. Hartt, M.D.
 Malarial Poison, by Z. Orto, M.D.
 Case of Obstruction of the Œsophagus from Scirrhus, by R. G. Jennings, M.D.
 Nymphomania Cured by Operation for Hemorrhoids, by Wm. H. Hardison, M.D.
 The Removal of an Impacted Calculus from the Urethra of a Child, by G. W. Hudson, M.D.
 Treatment of Croup, with Hydrargeri Sulphas Flava; A Case of Ununited Fracture of Tibia and Fibula; by J. Bennett, M.D.

OFFICERS ELECT.

- President.*—J. H. Southall, M.D., Little Rock, Pulaski county.
Vice Presidents.—J. A. Dibrell, Sr., M.D., Van Buren, Crawford county; H. H. Turner, M.D., Ozark, Franklin county; Z. Orto, M.D., Walnut Ridge, Lawrence county; D. J. Prather, M.D., Prescott, Nevada county.
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Treasurer.—A. L. Breysacher, M.D., Little Rock, Pulaski county.
Librarian.—John Waters, M.D., Little Rock, Pulaski county.
 The next meeting will be held at Little Rock, May 30th, 1883.

BOOK NOTICES.

THE INTERNATIONAL ENCYCLOPEDIA OF SURGERY, a Systematic Treatise on the Theory and Practice of Surgery, by Authors of Various Nations, Edited by John Ashurst, Jr., M.D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with Chromo-Lithographs and Wood Cuts. In Six Volumes. Vol. II. New York: William Wood & Co. McGarrity & Laird, Agents, Atlanta, Ga. 1882.

This, the second volume of the above great work, is a book containing 754 octavo pages. It is beautifully illustrated with colored plates and contains a vast amount of surgical information, ably presented and well up with modern advances and the most improved methods. "The present (or second) volume opens with articles upon those affections, such as Wounds, Burns, Abscesses and Gangrene, which, though local in themselves, may be met with in any region of the body. Then follow elaborate articles upon the various Venereal Diseases: Gonorrhea, the Simple Venereal Ulcer or Chancroid, Syphilis, Vegetations, etc.; and in the latter part of the volume is begun the consideration of Injuries and Diseases of the various Tissues of the Body."

FISTULA, HEMORRHOIDS, PAINFUL ULCERS, STRICTURE, PROLAPUSUS, and other diseases of the Rectum—their Diagnosis and Treatment. By Wm. Allingham, M.D., Fellow of the Royal College of Surgeons of England; Surgeon to St. Mark's Hospital for Fistula and other Diseases of the Rectum, etc. Fourth revised and enlarged edition, with illustrations. Philadelphia: P. Blakiston, Son & Co. 1882.

This work contains 165 octavo pages and much valuable and practical information little understood and greatly needed by many practitioners.

RECEIPTS will appear in next issue.

SPECIAL NOTICES.

PARME, DAVIS & CO.—This great drug house, of Detroit, Michigan, have attained to a very high reputation as wholesale druggists and manufacturing chemists. Their indomitable enterprise in the importation and presentation of new drugs to the Profession is worthy of all praise, and their numerous reliable and elegant preparations have the confidence of the public and of the Medical Profession everywhere. See their advertisement in this Journal.

WM. E. WARNER & CO.—See the new advertisement of this staunch house in the present issue of this Journal. Their preparations are superior, and are varied to suit the demands of the practitioner in every case, and their *Præparata* well enable him to grade the dose to any desired age or condition of the patient; certainly a great convenience to the busy practitioner, saving him the time and trouble of compounding and preparing his medicines, and made especially desirable in the fact that the doses are accurate and the medicines pure and reliable.

Pinus Canadensis.—Dr. Rumbold, of St. Louis, says: Kennedy's Compound Extract of *PINUS CANADENSIS* received. It is the only astringent I use in the throat. I consider it a very valuable preparation.

Celerina—I have been using **CELERINA** in nervous diseases, particularly functional diseases of the Heart, for some time, and I am satisfied that as now prepared it is a useful remedy. **E. FLETCHER INGALLS, M. D.,**

Professor Physiology, Hygiene and Clinical Medicine, Medical College of Indiana, Indianapolis, Indiana.

NEW CASTLE, PENN., May 17th, 1890.

To **WM. F. KIDDER, Esq.**—Sir: I have used **HYDROLEINE** freely in my practice for the last three or four months, and am well satisfied with its effects, as I have prescribed it in several cases that had been taking Cod-Liver Oil without apparent benefit, and who immediately began to improve under the use of **HYDROLEINE**, and to this date the improvement seems to be permanent.

H. P. PEEBLES, M. D.

Dr. J. S. Dorset, of Texas says: I have been using **HARTER'S IRON TONIC** in my practice since 1875, and it has given me the most satisfactory results. I consider it a most excellent Tonic for General Debility and Nervous Prostration.

BEED & CAMBRICK.—The polite and intelligent agent of this excellent house called at our office and exhibited a number of samples prepared by them. For neatness, beauty and excellence of combination they cannot be surpassed. We ask our readers to read their advertisement on next to last cover page in this Journal; also the Beef Peptonoids advertisement, and to test their preparations. We have found them very useful in practice.

NOW that the father of antiseptic surgery has placed carbolic acid under ban, and recommended eucalyptus as an efficient substitute for it, we would advise physicians to give **LISTERINE** a trial. Eucalyptus is one of its constituents; and the preparation, being a perfect solution, is presented in a form most convenient for general use.—*Louisville Medical News*, June 25th, 1881.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the **ELLIOTT**. Doctors that do the same thing get the standard article. Send for circular to **A. A. MELLIER**, 709 Washington Avenue, St. Louis, Mo.

T H E

Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

~~For~~ All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XII. ATLANTA, GA., NOV. 20, 1882. No. 11.

ORIGINAL AND SELECTED ARTICLES.

A CASE IN PRACTICE.

BY G. A. COOK, M. D., OF GEORGIA.

Mr. A. M., æt. 33. Married gentleman, of moral habits, occupation is that of an accountant. I have known him for the past twelve years. Very early in the morning, on the 7th day of October, I was called to see the case, reported to me, as being very sick. On my arrival, the patient told me he had to go to stool, and during the passage of fecal matter he felt something hook in his rectum, which stopped the act of defecation, and which gave him very severe pain, from which he was at the time suffering. Upon examination, I found, as he had stated, a hard foreign body, flat and of triangular shape, the sides of which were an inch in length, hooked in the mucous membrane of the rectum, about an inch above the sphincter. Not expecting to see anything appertaining to surgery, I had nothing but nature's forceps to work with, I succeeded in disengaging the foreign body, which proved to be a bone of the above shape and dimensions. This bone having entered his alimentary canal some time since—probably a year or more ago, judging from the account of the patient and appearance of the bone, it having undergone a considerable discoloration, with marks on its flat sides and edges, as evidence that the alimentary juices had faithfully tried to put it in a condition for as-

simulation. This foreign substance having traversed the extent of the alimentary canal, when the only evidence of its being there was manifested on the morning of the 7th of October. The only annoyance during the extensive travel of this bone was some slight abrasions of the mucous membrane, made with the sharp edges of the bone by the resistance of the sphincter muscles. I would ask, is it not something remarkable?

THE VOMITING OF PREGNANCY.

BY WILLIAM B. ATKINSON, M. D.

Read before the Philadelphia County Medical Society, September 13, 1882.

Perhaps no condition of the pregnant woman is so full of annoyance, and at times so liable to lead to disastrous consequences, as the nausea, which occurs particularly in the early months. Totally absent from some, with others it becomes a source of distress and danger, ceasing only with the expulsion of the fœtus or the death of the patient.

While the latter extreme is very rare, the constant spitting, nausea or vomiting is frequently the accompaniment of a pregnancy, rendering the life of the woman a burden, and she only obtains a certain degree of comfort when, under the influence of anodynes, sleep secures her a respite.

The limits of an introductory paper will not permit of any extended remarks beyond the strict line marked out by your business committee—"The Prevention and Treatment of the Vomiting of Pregnancy."

Now, in order that we may be prepared to treat or prevent a disease, it is eminently necessary that we should understand its cause, its real nature. Undoubtedly this condition results from two causes. In the early stages, the nausea, etc., are due to sympathetic disturbance of the stomach. Later, we have added direct pressure upon and interference with the functions of that viscus.

Now, these causes act with greater or less power as they occur in a patient with an irritable stomach, one prone to be disturbed by the slightest irregularities in food or digestion, or in one who has an ostrich-like power which enables her to load the stomach and carry through to the bowels matters which can only be partially digested, and must eventually pass away as foreign bodies.

With the hope of making pregnancy so comfortable that the ordinary objection to this condition on the part of the woman may be greatly lessened, the entire prevention of nausea and vomiting has been proposed and sought for by many obstetricians.

We must not forget at this point that in earlier days, and even now to a limited extent, it was believed that a sick pregnancy was a healthy one, and many practitioners, when these symptoms were absent, endeavored to imitate them by the employment of ipecacuanha and similar drugs.

It is difficult to understand how to proceed to prevent a condition which has not presented itself, and which may never occur. For we find in practice that a large number of women never exhibit the slightest nausea in any of their pregnancies, and many others suffer so little that it is deemed of no moment.

We may, indeed, having other reasons to regard the woman as pregnant, advise her to avoid carefully all articles of food which are likely to give rise to irritable stomach, and also to observe care as to the regularity of her meals and habits. Beyond this we have no indications by which to be guided. The treatment of this trouble may then be considered under the heads of its relief when present, and efforts to prevent its return.

In the milder cases it is doubtful how much of the benefit is due to the remedy, and how much to the course of nature, in which the trouble would disappear spontaneously.

Many of the so-called cures which are so highly vaunted owe their supposed efficacy, in the successful cases, to the fact that little was needed to quiet an irritated stomach, irritated, perhaps, by carelessness or over-indulgence, which was intensified by the condition of the patient. It is only under this view that we can understand the wonderful effects of remedies as diverse as their names.

Therefore, we may expect, and almost invariably obtain, relief in the great majority of cases from the use of sedatives and narcotics, as the bromides, chloral, morphia, carbonic acid water; from alkalies; from bitters, by their tonic action on the stomach, as gentian, calumba, quassia, nux vomica, etc.; from stimulants, as brandy, aromatic spirits of ammonia, champagne, the latter acting both by its stimulating quality and by the carbonic acid; from care in diet, carelessness in which frequently produces the earliest symptoms; from hygiene, change of locality, scenery and occupation.

Those of us who attended the lectures of the late Professor Charles D. Meigs can recall the convincing manner in which he showed us how to combat this trouble, by requiring the patient to take a cup of tea and a piece of toast while yet in bed, only rising sufficiently to rest upon the elbow while eating, and then to resume the recumbent position until the stomach had time to acquire tone to enable her to arise without the nausea.

It is from these trifling cases that we have constantly heralded the wonderful benefits to be obtained by the use of certain remedies, which soon lose their hold on the profession, and are only recalled as a curiosity in the literature of the medical art.

As such cases are of very frequent occurrence, and demand treatment, we may mention those remedies which have proved most successful. Thus, we have prussic acid in small doses; aconite, of which the administration of a few drops of the tincture has been found of great benefit; the use of horse-radish scraped fine, moistened with vinegar; arsenic, which is with many a favorite remedy; atropia or belladonna, combined with morphia; bismuth, the sub-nitrate, or, as preferred by some, the phosphate; calumba, highly extolled by Bartholow and others; carbolic acid, administered in drop doses; the oxalate of cerium, which at one

time was regarded as a specific in these cases; chloral, which is usually prompt, and is best given in the form of an enema: chloroform and ether, either in small doses or by inhalation; the latter has proved useful when sprayed upon the spine; creosote, one of the earliest remedies; sulphate of copper, gr. iv to water f3j, five or six drops at a dose; hyoscyamia, which is claimed as effectual when all else has failed; iodine; ipecacuanha, which has recently been reported on by several observers, given in drop doses of the wine in a teaspoonful of water, repeated every hour; pepsin, lactopeptin and their compounds; nux vomica, five to ten drops of the tincture, and recommended by Bartholow where the nausea is great, with little vomiting, in drop doses; the bromides of potassium and sodium, used by Busey in doses of thirty to sixty grains, dissolved in beef-tea, with the addition of brandy and laudanum, if required by the symptoms, and thrown into the rectum every four hours. Friedrich is tempted to regard the bromide of potassium as a specific in one to two grain doses daily.

Recently we have, on most excellent authority, a preparation made of the inner coating of the gizzard of the chicken, dried and reduced to an impalpable powder. In our hands this has frequently acted with great promptness and efficiency. While we may readily, and generally do, succeed in obtaining positive relief for our patients by the employment of some one or more of the above remedies, yet we occasionally encounter a case which obstinately refuses to yield to any remedy by the mouth, everything being rejected almost as soon as it reaches the stomach.

In these instances, the happiest results frequently follow medication by the rectum. Especially do we find this to obtain with chloral, which we have known to act speedily and pleasantly in a number of instances. Perhaps a better plan is the use of chloral, morphia and belladonna or atropia, combined in a mucilage or in the form of a suppository. In several cases we have thus obtained a tolerance of food by the stomach, and thus we have relieved a threatened death by starvation.

In other cases we have obtained even better results by direct contact of these remedies with the os, and even within the cervix of the uterus.

In one case where, owing to the animal instincts of the husband, the nausea and vomiting were constantly reproduced, we each time succeeded in speedily checking it by passing a suppository of morphia, belladonna and hyoscyamus up to the os, and keeping it closely applied.

Tanner employs suppositories made of belladonna, gr. iij; hyoscyamus, gr. x; and iodide of lead, gr. viiss.

Injections, both rectal and vaginal, are advocated by many, and Dr. Greene has succeeded with warm olive oil after failing with warm water. Cold to the epigastrium, small pieces of ice swallowed or passed into the rectum or vagina, have proved serviceable.

As might be expected, electricity has its advocates, and Gaillard Thomas esteems it higher than any other remedy. A broad, flat electrode, made by stitching a flat sponge to sheet rubber, he fixes

by means of adhesive plaster on the epigastrium, and a similar one under the spine, the patient lying on her back. A gentle current is passed, and continued for ten or even twenty-four hours.

Da Venezia, in a similar case, after all else had failed, used a faradic current of moderate strength, one rheophore being applied to the side of the neck along the vagus, the other to the epigastrium. The patient was relieved at once, and after the fourth application was cured.

J. Marion Sims employs caustic to the os, even when the parts appear perfectly healthy. He claims the best results from this method.

It would appear that this treatment is that which in obstinate cases promises the best results. Especially is it indicated when an examination reveals erosion or other disease of the os uteri. Originally, the sole dependence was upon nitrate of silver, but equally good results are obtained by the glycerole of iodine.

Tannin, carbolic acid, in short a great variety of remedies capable of relieving engorgement, erosion, or whatever evil condition may be present, have been found to act promptly in relieving the nausea, etc.

From the remarks of Dr. Sims and from the results in general practice it would appear as though all that is required is a means of producing an impression of a positive nature at the real seat of the affection, the os uteri. Hence we find severe cases are frequently at once terminated by ordinary anodyne or astringent injections, applied so as surely to produce their effect upon the os uteri.

While there is no doubt as to the safety of these applications properly employed, it is much to be questioned whether the same may be said of the plan proposed and carried out by some practitioners abroad—that is, the dilatation of the os with the finger. No doubt such a method would at once relieve the nausea, but at the same time it might be anticipated as extremely likely to result in an abortion. For this reason I would hesitate as to its employment until every other remedy had failed, and the question had arisen whether we should not sacrifice the child to save the mother.

I earnestly believe that the question of premature delivery will rarely, if ever, occur when the treatment which I have so roughly sketched has been properly employed.

In this connection we may allude to the cases, though rare, where the husband has been the victim of nausea, while the pregnant wife was enjoying her usual health. Here we certainly cannot regard it as the result of sympathy between the womb and the stomach.

Before closing the subject of treatment I may mention that Pinard obtained immediate relief in several obstinate cases by the employment of inhalations of oxygen. I am not aware that it has been tried in this country.

A valuable aid, by allowing complete rest for the stomach, is the employment of rectal alimentation. Dr. H. F. Campbell has employed this plan in a number of instances, and with most grat-

ifying results. Twice each day he injects very slowly and gently about eight ounces of beef-tea or some similar nutritious fluid. The advantages are complete rest for the stomach while nutrition is readily maintained. In the intervals between the injections a full goblet of water not quite cold was twice given, so as to supply the requisite amount of fluid.

In conclusion, permit me to sum up what I think is the duty of the practitioner in these cases:

The most complete rest of body and mind.

The avoidance of all forms of diet save those easy of digestion and assimilation.

The relief of the early symptoms by some one of the articles mentioned under the head of medication. Unless prompt relief is obtained, the use of chloral, morphia, belladonna or hyoscyamus, or their combination, by the rectum or by the vagina. In the latter case it is important that we should first carefully cleanse away the discharge usually found clinging to the os and cervix, and then bring the medicaments closely in contact with the os, and maintain them there by the usual methods.

This failing, apply to the os and cervix, if need be, the glycerole of iodine or the nitrate of silver, and follow this by an application of the anodynes, as before.

If the vomiting is now great, abandon the stomach as a depot for food, and employ rectal alimentation solely. In each injection we may include, with the nutrient, chloral, to aid in procuring complete rest.

To relieve the intense thirst which is generally present, we may allow the patient to swallow at intervals small lumps of ice, or to drink iced carbonic acid water, which is now so readily obtained from the siphon. Of course, just sufficient of this should be taken to relieve the throat at the moment.

I do not consider the dire alternative of induced abortion, as such a procedure rarely becomes necessary, and should only be employed after the most careful deliberation, and after a council of physicians had decided it to be imperative.—*Medical Times*.

NOTE ON DELIVERY OF THE PLACENTA.

By CHAS. JEWETT, M. D.

The diversity of usage which still obtains in the management of the third stage of natural labor prompts this brief note, in the hope of eliciting the views and practice of the Society.

The points to which I wish especially to invite attention are the method and the time of placental delivery. These comprise a larger part of the treatment of the placental stage, the management of which is, perhaps, the most important office of the obstetrician in the conduct of natural labor.

The preferred method of delivering the placenta is that of Crede, of Leipsig. In Germany this method is now used to the exclusion of almost every other, and it would seem that so eminently judi-

cious and rational a procedure could not fail of universal adoption. That such is not yet the case is possibly due to the fact that in many of the standard works on obstetrics the Credean method, if mentioned at all, is more or less imperfectly stated. The Credean procedure is not identical, as claimed by Barnes, with that taught by Hardy and McClintock, and long practiced in England. It differs essentially from the practice of the Dublin school, which consists in expelling the afterbirth by crowding the uterus downward in the pelvic cavity by pressure upon the fundus. It does not contemplate the mere expression of the placenta by compressing a uterus still flaccid from inertia, as might be inferred from the statement of one of the latest text-books. On the contrary, the essence of the German method is compression of the uterus during contraction, and with but slight downward pressure.

The Credean method is practiced as follows: The obstetrician, laying his hand flat upon the abdomen of the patient, stimulates the uterus to contract by moving the abdominal wall in a circular manner over the uterus. The friction, gentle at first, is increased till the uterus contracts. At the height of the uterine contraction the upper segment of the uterus is firmly grasped with the hand, the fingers over the posterior, and thumb over the anterior surface. The placenta is thus expressed from the uterus, only enough downward pressure being used in the axis of the uterus to maintain a firm grasp. Failing in the first attempt, the compression may be repeated with each uterine contraction till successful, friction being continued meantime to maintain the retraction thus far accomplished, and to provoke further uterine efforts.

It is the peculiar merit of this method that it, more closely than any other, imitates the natural process of placental expulsion. Moreover, it is designed to supplement the expulsive efforts of the uterus, not to replace them. It maintains firm retraction of the uterus till the afterbirth is expelled, keeps the uterine vessels securely ligated, and prevents the formation of deep coagula in the uterine sinuses. It favors, more than any other plan, permanent uterine retraction after the delivery of the placenta. Potent for good, it is incapable of harm.

Some practice is undoubtedly necessary to the utmost facility in this procedure, but the knack once acquired, other measures will be very rarely called for.

With reference to the time of placental delivery, the prevailing practice, in the judgment of the writer, favors too long delay. Dr. Playfair, following the teachings of McClintock, says that no attempt should be made at delivery of the placenta till twenty minutes after the expulsion of the child. Certain other obstetric writers sanction even longer delay. The arguments of Dr. Playfair in support of his practice are that time is thus allowed for recovery from the shock or exhaustion of the second stage, for the separation of the placenta, and for the formation of coagula in the uterine sinuses. While these would be valid reasons for delay under the old practice of placental extraction, they do not forbid early resort to the Credean method. As a rule, after the ligation

of the cord, the sooner the uterus can be made to cast out the placenta the better for the patient.

There is surely no exhaustion of the uterus when it can be provoked to contract by gentle friction. Again, the very agency by which separation of the placenta is accomplished is uterine contraction and retraction. Against the dangers of post-partum hemorrhage the chief security lies in the ligation of the uterine vessels by retraction of the muscular structures. Coagula in the uterine sinuses are a feeble barrier against hemorrhage. Moreover, thrombi extending into the intermuscular portion of the uterine veins are a positive source of danger, from their liability to infection. Promptness, again, facilitates delivery. By too long waiting the way may be narrowed by the contraction of Bandl's ring, and the difficulty of expulsion be thus increased. As a rule, then, the placenta should be expelled as soon as its function is ended; that is, as soon as the infantile circulation is established and the cord divided.

A word with reference to the use of ergot may not be out of place. Prof. Lusk disparages the exhibition of this drug before the afterbirth is delivered, owing to its tendency to induce so-called hour-glass contraction. In my practice a drachm of the fluid extract of ergot is given by the mouth in every case—or its equivalent hypodermically—as the head passes the vulva. Under the above management of the placenta, it is expelled before the effect of the drug is developed. I should be unwilling to sacrifice the advantage gained by prompt and complete retraction of the uterus, through fear of a possible danger so seldom realized.

In conclusion I submit the following summary:

Use constant friction or uterine massage after the delivery of the head, for the double purpose of maintaining retraction and provoking uterine effort.

Supplement the uterine efforts, if need be, by compression.

After the placental expulsion, continue friction till retraction is complete and permanent.

Use ergot on the birth of the head to promote the prompt and perfect completion of the third stage.

Aim to deliver the placenta, as a rule, directly after, not before, the ligation and division of the cord.—*Society County of Kings.*

CHINOIDINE AND CAPSICUM IN INTERMITTENT FEVER.

BY R. C. M. PAGE, M. D., NEW YORK.

CASE I.—J. C——, iceman; born in Ireland; aged twenty-two, and single; has resided in New York city during the past fifteen years. Had a chill for the first time September 24, 1880. It came on about 10 a. m. and lasted an hour. It was well marked and was followed by the usual symptoms of headache, fever, vomiting and sweat. The chill returned on the 26th and 28th in the forenoon.

I saw him for the first time September 29, 1880. He had re-

ceived no antiperiodic treatment, but had taken some "opening medicine" the day before, and his bowels had moved three times. General health good. Never drank to excess, but was in the habit of taking a glass of whisky occasionally.

Treatment.—Ordered three powders, each containing ten grains of powdered chinoidine and three grains of capsicum. To take one powder at bedtime, one at 6 a. m., and one at 12 m. next day. In order to make sure of his taking the whole powder, he was directed to shake it on his tongue from the paper, and to take a swallow of water afterward.

October 1st.—Chill has not returned. Ordered tr. ferri chloridi, in ten-drop doses well diluted, four times daily, and to continue the same for two weeks. I saw him three months afterwards, and he stated that there had been no return of the chills.

CASE II.—J. M——, laborer; born in Ireland; aged fifty-four, and married; has resided in New York city most of the time since 1849. About the middle of May, 1880, he went over to Hunter's Point, L. I., and remained there five weeks. During the last ten days of his stay there he had chills and fever for the first time in his life. I first saw him June 20th, following, and treated him with powdered chinoidine and capsicum. He was cured for the time, but was quite anæmic, and left off treatment too soon. As a consequence the chills returned.

September 27, 1880.—Patient applied to me again. Has had chills and fever off and on ever since I last saw him. During the past week he has had a chill every day. Bowels regular, but he is very anæmic.

Treatment.—Ordered six powders, same as in Case I. To take one powder before breakfast and at noon every day.

September 30th.—No return of chills. Ordered tr. ferri chloridi as in Case I. After two days the powders were repeated once and the tr. ferri chloridi pushed for a month. There had been no return of the chills when last seen six months ago.

CASE III.—K. M——, aged fifteen; born in the United States; resides in New York city. Had a chill for the first time August 20, 1880. She had them every other day for about ten days, when she took a bottle of "fever and ague cure," and got well, as she thought. I first saw her October 15, 1880. Had been having chills and fever off and on ever since the first attack. During the past week she had one every other day. Bowels constipated, and she is anæmic.

Treatment.—Ordered pi. aloes et ferri, to take one or two at bedtime as required to regulate her bowels, and powders of chinoidine and capsicum (gr. x. to j.)

October 18, 1880.—No chill since I last saw her. Ordered three more powders, and to take tr. ferri chloridi as above described, and to continue it for a month.

There was no return of the chills up to February, 1882, when she was last seen.

The foregoing three cases are average descriptions of 140 cases of intermittent fever that have been treated by me during the past two years, of which I have any notes. Of these, 10 were treated

with tinct. iodine without any appreciable benefit. The remaining 130 were treated with powdered chinoidine combined with capsicum, the dose of the former being always 10 grains, and the latter 1 to 3 grains, according to the age, sex and habits of the patient. Women and young people (not children) were given, as a general rule, only 1 grain of powdered capsicum. Men were given 3 grains, and beer-drinkers, of both sexes, were given 3 to 5 grains of powdered capsicum at each dose.

In only one case was vomiting produced by the powders. In large doses, however, and especially with children, chinoidine not unfrequently causes vomiting.

Of the 130 cases treated with chinoidine and capsicum the chills soon recurred in 9, evidently because the patients left off treatment too soon. Five were benefitted, though not cured—that is to say, the chills returned from time to time. This was doubtless due to their locality, occupation, etc., and nothing short of a change would effect a cure. Twenty-two cases were only seen once, but I believe that they were cured, or else they would have returned, since the majority of them were dispensary patients, having applied for treatment at the Northwestern Dispensary in this city.

Of 20 cases of intermittent fever recently treated by Dr. J. C. Mackenzie, of this city, in a similar manner, in only one case did the chills return within two weeks, and he had only applied once, having failed to return for iron. In one case the chills returned after the expiration of two months, but he had evidently taken the disease over again.

Dr. John H. Ripley recently treated a case of intermittent fever by giving large doses of quinine every day for a week, without success. He then gave 20 grains of chinoidine each day for three days, when the chill ceased to recur.

The powder of chinoidine should not be obtained by pulverizing the resinous mass simply, as the particles would soon coalesce again. But if it be evaporated to dryness and powdered in combination with some inert substance, as althea, it will then retain its form. Thus prepared it is about half the bulk of sulphate of quinine, and very much resembles in appearance the so-called dextro-quinine. I have never given any other preparation of chinoidine than the powder, but see no reason why it should not be administered in the form of pills, capsules, etc.

Whatever be the value of chinoidine alone, it appears that in ten-grain doses, when combined with capsicum, it is nearly, if not quite, as good as quinine in breaking up ordinary cases of intermittent fever. Regulating the bowels, and following up the powder with iron in some form, preferably the *tr. ferri chloridi*, given frequently in moderate doses, and well diluted, appear to be necessary in order to effect a permanent cure.

With regard to chinoidine, Bartholow ("*Mat. Med.*") says: "When the mother liquor, left after the crystallization of the alkaloïds of cinchona bark, is evaporated, a black residue is obtained which is called chinoidine. This contains amorphous quinia and cinchonina, and probably also quinidia and cinchonidia. It is a very

anti-periodic, and may be used with advantage as a substitute for quinia in doses about twice as large."

According to Nothnagel and Rossbach ("Handbuch der Arzneimittellehre," Berlin, 1880), chinoidine is "a resinous, dry mass, of a brown color, slightly soluble in water, but readily soluble in alcohol. This very cheap preparation is essentially a mixture of quinine, cinchonine, and resinous matters. The dose is considerably larger than that of quinine."

Prof. Binz, of Bonn, says: "When pure the action of chinoidine approximates that of quinine. The effect appears much more quickly, but passes off more rapidly than in the case of quinine, on account of its being more rapidly excreted" ("Grundzugs der Arzneimittellehre," Berlin, 1879.)

In view of the fact that quinine is very much more expensive than chinoidine, and that the latter can be used, when combined with capsicum, in as small doses as quinine, with equally good effect in the cure of most cases of ordinary intermittent fever, it would be a considerable saving of money to the laboring classes, in such cases, to buy chinoidine and capsicum instead of quinine—or even the other alkaloids of cinchona bark.—*N. Y. Med. Rec.*

THE CLIMATE OF FLORIDA.

BY JAMES C. NEAL, M. D., PH.C.

Dr. Haygood's experience, as given in the Record of August 12, conflicts decidedly with that of most medical men in this state. In my own case several years' residence in the highlands of Central Florida have relieved me of a harassing cough, night sweats, a hectic flush, anorexia, and from the invalid of one hundred and thirty pounds weight, dreading the cold, I now am able for continuous labor, weigh one hundred and sixty-six pounds, and have long ago discontinued the use of cod-liver oil, phosphites, etc.

Dr. Z. H. M——, of Apopka, Fla., has a similar experience. Coming from Georgia to find a temporary respite, year after year has passed away and the doctor now is the picture of rosy health in his old age.

Dr. C. J. K——, of Jacksonville, an old traveler, a scientific investigator, and widely known for his own case, has tried many climates, and has fixed upon Florida as the best.

Twelve years ago Dr. McM——, of Charleston, S. C., brought his wife, a confirmed consumptive, to Gainesville, Fla., to spend what seemed a small remnant of life more comfortably. To-day she bids fair to reach the "three score and ten," despite the "exceedingly debilitating" climate.

Col. J. H. R—— came from South Carolina as a winter resort, having all the symptoms of phthisis in an advanced stage. Now he is an active, comparatively healthy man, utterly unlike his former self.

I need not multiply examples, almost every neighborhood in this section can supply them, of the competent medical men who in

their own cases are satisfied of the value of this climate as both preventive and curative of tuberculosis.

In this section of the State, high, dry, rolling pine land, and perfect drainage, in six years and in one thousand cases I have seen but four of pneumonia, and two of these traumatic. Can Dr. Haygood say as much even for Beaufort or Raleigh?

During the summer we have a mild form of malaria, but as to effect of such a climate upon phthisis I would refer him to Dr. Lawson, pp. 297, 388. Aitken, vol. i., p. 265.

These malarial attacks are easily subdued, and fatal cases are rare. Too many physicians allow their patients to remain in a cold, changeable climate until the lungs are a mass of tubercle, then send them to Florida too feeble to take out-door exercise, often with but very little money to procure attentions or delicacies necessary, and among strangers the poor invalid becomes nostalgic and sinks rapidly, and then Florida is blamed. This ought not to be, but every season finds our hotels filled with cases that should be at home among friends, making ready for the rapidly approaching close of life.

There is, however, a positive curative agency in this climate for certain ailments, and to guide the profession, I beg to submit the results of many years of careful study both of cases and climate factors.

These factors are location, soil, drainage, water, sunshine, temperature, humidity, and air-pressure. And with reference to a strip of elevated land, lying forty miles from either coast and extending from 28.30° to 30° latitude, I think no place east of the Rocky Mountains is better suited for the amelioration if not cure of incipient tuberculosis, asthma, catarrh, nervous complaints and bronchitis.

The location—Almost insular, constantly traversed by warm breezes from the sea and gulf, in the track of trade winds, and the freshness tempered by miles of almost unbroken forest.

Soil—Very sandy with but little humus, or animal remains; configuration broken, rotting, often eighty to one hundred and fifty feet elevation above the gulf. Drainage perfect, no stagnant pools or marshes.

Water—In the main freestone, in wells twenty-five to sixty feet deep, with an average temperature of 65° F.

Timber—The long-leaved pine, with little undergrowth, allowing free circulation of air.

Sunshine—Twenty-two days of each month of almost clear skies, the remainder often partly available for out-door exercise, and during the winter the rains are usually at night, leaving the day cool and bright (see note.) The rainy season begins in June and lasts till September. Often a week of showery days, then clear skies a week. During the rains the temperature falls to 71° F., and this season, in comparison with the torrid days of the north, quite endurable, and as these showers rarely last but a few hours, the remainder of the day is available for exercise or labor.

Temperature—Unquestionably a climate allowing a loose easy costume with few wraps, and no requirements of hot, stove-heated,

badly ventilated rooms, is best for weak lungs. The houses of this section are built for free ventilation—no stagnant air in cellars or close dirty bedrooms. Blizzards, northers, sudden changes, causing cold extremities, visceral congestions, or surface chilling, are extremely rare, and as they occur, if at all, in December or January, can easily be kept from harming.

The summer maximum is usually 96° F., and this for only a few hours. But 96° F. is not common. In 1880 it reached that point but four times in June, once in July, and once in August; this year twice in July and once in August.

The night temperature for the months from May to October is from 70° to 76° , and from October to May, 60° to 65° . The hot, sweltering nights so common in the North are unknown here. October, November, and till April, are months comparable with the Indian summers of Pennsylvania—days dry, breezy and bracing, the whole season enjoyable. (See Note.)

Humidity.—Much has been said of the dampness of Florida, but the observations of the Signal Service show nothing excessive in its humidity, and this section compares favorably with most health resorts, the annual mean for a long series of years being 68° against 73° at Menton, 68° at Nassau, 67° at St. Paul, Minn.

Air-pressure.—I have no doubt but that this is the most important factor of value in our climate—its remarkable equability of air-pressure. If we regard in the lung the pressure of the heart upon the mass of the blood as balanced against the air-pressure and strength of the blood-vessel walls, it is readily seen that in a diseased lung, a decrease of air-pressure tends to congestion, and at points of weakened tissues from any cause, if the air-pressure be sensibly diminished, hemorrhage may occur. Any physician will recall instances showing that the changeable months of spring and autumn occasion great distress to tuberculous patients, and the cold of January was not as fatal as the storms of March. A fall of even one-tenth inch mercury in the barometer produces a decided discomfort, and the descent of half an inch a temporary congestion, dyspnoea, headache, or neuralgic pains. Hence patients can often predict storms from their disagreeable sensation.

A climate offering the maximum of air-pressure and the minimum of change, with a genial temperature, leaves but little to be desired for patients requiring rest and warmth, and this section surely meets the wants of such cases. (See Note.)

A dozen invalids live near me, some hemorrhagic, some neuralgic, but all have experienced relief, and the majority of cases of rheumatism, asthma, bronchitis and catarrh are alike favorably affected by this equability.

The practical deductions are readily apparent.

Northern invalids, in which the deposit of tubercle is incipient or limited; aged invalids requiring rest, warmth and relaxation; neuralgic cases, nerve-worn patients, the whole range of uterine troubles resulting from congestions, all cases that grow better in the warm settled days of May or October, and get worse in November and March—these should be advised to try Florida, especially this section, with hope of betterment.

With discharging cavities, or fully tubercularized lungs, little aid can be given, though our 220 clear days, average air-pressure of 30.03 inches, and mean temperature of 71° will aid in pleasantly prolonging life.

Many when here neglect the most common sanitary laws, expose themselves recklessly to heat, rain and dew, take fatiguing exercise, sit in draughts, eat to excess, and do not derive the benefit they should.

A little common sense would obviate this, and save much blame now given to Florida.—*N. Y. Med. Rec.*

NOTES.—*Temperature.* Mean, December and January, 55° ; February, 58° ; March and November, 63° ; April and October, 70° ; May and September, 77° ; June, 80° ; July and August, 82° .

BRONCHOCELE CURED BY THE HYPODERMIC INJECTION OF TINCT. IODINE.

BY O. W. SCHINDEL, M. D., CUMBETLAND, MD.

The following case shows how rapidly and radically some cases of bronchocele may be cured by the injection of iodine into the substance of the gland without any bad results or discomfort to the patient.

Mr. H., a lawyer by profession, aged 40 years, formerly of Cumberland, but now of Baltimore city, came to me in June, 1879, with a bronchocele as large as a good sized fist, situated immediately over the trachea. The tumour occupied the isthmus of the thyroid gland more particularly; but also extended into either wing. There was goitre in the patient's family on the mother's side. The enlargement of the neck was first noticed about eighteen months previous to my seeing the case; it was increasing much more rapidly he thought of late. The patient complained of a constriction about the fauces, oppression of chest with difficult breathing and an impending sense of suffocation which was increased when he lay down. From the firmness of the tumour and its general feel it consisted merely of hypertrophied glandular tissue.

Previous to his coming under my care he had been treated by another physician, for some months, by internal and local medication, but without any perceptible benefit or diminution in the size of the tumor.

On the 1st day of July, 1879, I injected (with an ordinary hypodermic syringe) deep into the gland forty minims of tinct. iodine of the following strength: officinal tinct. iodine, three parts, alcohol, one part. The operation did not cause him any discomfort or the slightest inconvenience. There was a sensation of warmth complained of in the gland for a few minutes, but this soon passed off and at the end of a half hour the patient walked to his home some distance from my office. On the 10th I repeated the operation with as much comfort. The tumor had diminished rapidly in size after each injection, and on the 3d day of August, a little more than one month from the first operation, I made the third and last injection, which entirely cured the patient.

I have frequently examined the case in the last two and a half years, and there only remains a small indurated nodule about the size of a bean, which can only be detected by carefully pinching up the tissues. In making the injection I was careful to avoid any cutaneous veins, and after thrusting the needle in the required depth to withdraw it slightly so as to disengage its point from any of the deeper veins.

This case demonstrates the fact that a strong solution of iodine may be thrown with impunity into hypertrophied thyroid tissue when the patient's general health is good without setting up any inflammatory action, and by this means curing that unsightly trouble commonly known as goitre, when it resists local and internal medication. When the proper precautions are taken, and there is nothing in the patient's condition to contraindicate this procedure, I deem it a perfectly safe and a rapid means of cure.

DR. REITER'S LETTER.

LAPPA MAJOR.

Radix bardanæ, P.G.—Bardane, Fr.—Burdock, E.—Klettenwurz, G.—Nat. Ord. Compositæ. Cynarææ.

Heads discoid, homogamous; involucre globous, the scales imbricated and hooked at the extremity; receptacle bristly; pappus bristly, scabrous, caducous, (2) coarse. European herbs. Leaves alternate, large. Lappa Major, Gaert.

Leaves cordate, unarmed, petioled. Common in waste and uncultivated grounds and fields in the New England, Middle and Western States. Each plant is a large, conical, ill-scented and coarse-looking mass of vegetation, surmounted by a branching, irregular panicle of ovoid heads, with tubular corollas of an exceedingly delicate pink color. The leaves are very large, with wavy edges. It has a wonderful design for the dispersion of its seeds. The scales of the involucre all end in a minute, firm hook, which seizes hold of everything that passes by.

The root has long been used as a medicine, particularly in Germany, and alterative, diuretic and diaphoretic properties were ascribed to it. It was prescribed for invalids suffering with rheumatism, skin and other chronic diseases, in powder, infusion, decoction, syrups, etc., but never attained a greater popularity than mint, chamomile, balm and other remedies which the good housewife stores in her medical armamentarium.

It was my misfortune to inherit, from my father, Psoriasis Invetrata, which he told me he had inherited from a long line of progenitors. In youth I had spots on my skin foretelling what adult age developed—psoriasis on left leg and ankle—the same place on my body perfectly imitating my father's plague. He was never healed, although he sought medical advice in Europe.

I was a country doctor, and carried a cane on horseback to relieve the agonizing itching of my leg in warm weather. One warm afternoon (about 1840, I think) I was going to visit a pa-

tient with an old farmer, when he exclaimed, "What makes you tear your leg so furiously with the end of that hickory stick?" I replied, "To relieve the maddening itch of my accursed tetter." He said I must cure it; told me he had been afflicted with it on his hands so severely that he had lost his nails. He said I should gather burdock seed and put whisky on it, and take internally. I obeyed; put quite a quantity into gallon bottles and added whisky.. of which I had but little; in the others I put alcohol, and stood them in a warm place. After some weeks I began to take a tablespoonful thrice daily, using that steeped in whisky first.

After taking all the whisky tincture I found slight improvement in tetter, but a vast power had been bestowed on my stomach. All my life I had to deny myself many things or suffer; now I could eat sauerkraut, turnips, mince-pie, etc., etc., and only knew I had a stomach from that singular delight we all feel in satisfying a keen appetite with luscious food.

I now began to take alcoholic tincture and found an entirely different preparation. I had to add water and discovered resin, and, at the bottom of each bottle, oil; here was a hint. I put alcohol on the seed which had been macerated in whisky and obtained a resinous tincture. When my old friend and benefactor prepared his tincture, whisky was distilled in copper stills and came off as proof spirits; my whiskey was manufactured by steam. My disease improved rapidly and ceased to torture me, although the skin remained dry and furfuraceous.

On the advent of summer I observed in washing my hands (a doctor must do that often) a great increase in sebaceous secretion, which required much soap to remove; now my whole cutaneous surface acquired a condition of the most perfect health. Whilst afflicted with tetter I had learned to eschew hog meat—a meal of sausages or ham was always very aggravating. I became a very sincere and faithful Jew in avoiding swine meat or fat as a diet. For almost forty years I had a healthy skin; but my European tour in 1875 restored my old malady in an aggravated form. Their water, in many of the southern parts full of dolomite, both for drinking and washing, may have contributed; but sandwiches of cold ham and Bologna sausages were the chief enemies. On my return I could not get the tincture, and, when obtained, its effects were not as before. The taste was not a pure, agreeable bitter, but nauseous. Whether this was owing to mould on the seed or to the druggist having ground them, or to the climate, I could not tell; Mr. Holland said he had bought the seed in New York..

A pupil of mine, Dr. Clark, took my place (in Mount Pleasant, Westmoreland county, Pa.) when I came to Pittsburgh. He was so kind as to have quite a lot of seed gathered for me; I prepared the tincture myself and am now perfectly well. I felt that it restored a perfect digestive power which my stomach lacked, and hence have prescribed it in atonic dyspepsia with such success that Mr. Holland can with difficulty supply the demand: the crop last summer was impaired so much by drought that he was compelled to order the seed from several western States, and still believes he will run short before the new seed can be gathered. I

send to you some of the oil obtained from the bottom of a tincture bottle; some resin I found on a board last fall under a bushel percolator, from which I thought dripping had ended; I send two kinds of tincture, one obtained from contused, the other from whole seed. It can be made in a few days by heating alcohol and keeping warm; the cold preparation is very tedious; much alcohol is lost, the seed absorbing it. We have lost much resin, which clung to percolator and seed: we now save that by washing seed with warm alcohol, which we use for our fresh seed. The therapeutical action I could best reduce to form by calling it an alterative stomachic; it appears to improve all the nutritive, secretive and assimilative functions. I prescribe from two to four drachms, well watered, a half hour before each meal.

I have for a long time wished to send to you something on this Bardanas seed, but am lazy. A suffering illness has admonished me to do so before I die, and I am doing it before I can leave my room. You are the proper person to introduce a remedy and promulgate one of the most valuable therapeutic agents in my armamentarium medicorum.—*Squibs' Ephemeris*.

THE CHINESE DRUGGIST IN NEW YORK.*

BY FRED. HOHENTHAL.

The Chinese Drug-store here, the only one this side of San Francisco, was established by "Wwong Lung Iin," in 1878, and he is doing a flourishing business among his people now. The proprietor is a stout Chinaman, about 35 to 45 years of age, very intelligent, revered by his countrymen, but not so well versed in English as his assistant, who is about ten years younger. I experienced much trouble on my first visit in assuring him that I was not a customs officer ferreting out his opium trade, but on seeing my readiness to buy little trifles, he immediately installed me in his good graces, and invited me to dine with him.

The store is a small apartment, about 20x30 feet, with sleeping rooms, kitchen, parlor, etc., in the rear. There were shelves all around, covered with bottles and jars, and the top shelf mounted by many paper packages cabalistically marked, and containing roots and herbs in great variety. In a small case behind the counter were a few mineral drugs, and a good many little trifles not belonging strictly to Pharmacy, such as porcelain jars, pencils, skullcaps, beads, rings, etc. There were also some animal drugs of which I will speak later on.

Pendant from the ceiling were bunches of herbs and dried meat. On the floor, under the shelves, were articles of food, such as barrels of rice, flour, dried fish, etc. There were also about forty drawers behind the counter, for the most used drugs, those in the packages being only very seldom used. Large jars were filled with different pleasant tasting fruits, not used as medicines, and

*A paper read before the Alumni Association of the New York College of Pharmacy.
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smaller glass jars with the various medicinal fruits, of which there was a large number, the chief uses of which seemed to be in the cure of consumption; a disease to which the Mongols seemed to be peculiarly liable, judging from the fact that about ten per cent of their medicines are for its cure.

They have no liquid medicines whatever; they simply sell the drugs, extolling their virtues, and the purchaser or patient prepares them with boiling water in the form of infusion or decoction and sometimes extract, unless he has not the conveniences therefor at home, when the apothecary will do it for him. As an accommodation for his customers, the doctor keeps a pot of hot tea on the counter; any one wishing to drink takes a cup from a basin of water near by, fills it, drinks and replaces the cup without saying a word. A peculiarly constructed tobacco pipe, on the principle of the Turkish narghileh, is also on the counter, but only for the use of intimate friends. The tobacco they use is very fine and of peculiar flavor. Their tobacco pipes, the common kind, are made of a rod of bamboo strung with the kernels of a peculiar scented nut, and furnished with a bowl of metal about half an inch in diameter and half an inch deep, and an ivory mouth-piece. The pipe is perfectly straight, and two feet long; they vary in price from \$2.50 to \$7.00 according to age; those which have been already smoked for some time bring more than new ones.

Their balances are on the plan of the steelyard, the small ones with a bar of ivory, from which is suspended a brass pan and a movable brass weight; one in my possession is twelve inches long and has over 125 marks for telling the weight, which ranges from two ounces downwards to two or three grains, very accurately. They have these balances of all sizes, and use them with great dexterity.

Their camel's hair pencils are about ten inches long, of bamboo, into one end of which the brush is inserted, and it is fitted with a cover, also of bamboo, the whole stem being curiously carved with their strange devices, and these cuts filled out with blue coloring.

Their writing materials are the pencil above described, an iron or porcelain plate six by eight inches, with a receptacle for water. They dip a piece of India ink in the water, rub it on the plate, and rub the pencil in this mixture, and write from above downwards.

They have some very pleasant fruits, one of these, the "Gua," is about the size of a walnut, and consists of a kernel as large as a hazelnut, surrounded by edible fleshy pulp, and the whole enveloped in a hard, brown, brittle shell.

Among the familiar drugs I found Spanish saffron, safflower, musk, litharge, metallic mercury, ginger, ginseng, oil of pepper-mint.

I found also Russian castor, and American castor, and what was claimed to be from the bear.

Also fine isinglass in one piece, just the size and shape of an ordinary flounder, and which he wanted to sell me for \$2.00. He called it by a name that resembled "Guiteau."

I found also several narcotic herbs resembling belladonna, hyoscyamus, stramonium, also a root resembling glycyrrhiza, only much larger in diameter than that is usually found. It is called "Gum Cho," and is used for chewing on account of its sweet taste.

Among the most notable goods was a substance in small lumps of yellow color, and called "Nau Wau." It occurs in lumps, about the size of a walnut, in the stomachs of cows. The doctor said that it is found only in one cow in a hundred. It is used to apply to a sore foot in the form of paste, and is used only by the aristocracy.

There was a peculiar bark called "Os Chong," remarkable for the silky fibre it shows on breaking it in any direction; it is used in the form of decoction for weakness of the heart. The price is ten dollars a pound.

There were also dried lizards, which are to be boiled and eaten.

There were disinfecting fumigators, strips of bamboo, about one foot long, and as thick as a hairpin, which were covered on the upper half with a fragrant mass, which glowed for two hours when once lit, perfuming the rooms very pleasantly. They were called "Sau Hong."—*Drug. Cir.*

ARSENIC INTERNALLY AND SUBCUTANEOUSLY IN THE TREATMENT OF LYMPHOMA.

A woman of sixty-five had difficulty in swallowing and breathing, and suffered from general feebleness, deafness, etc. Her condition was cachectic. Examination revealed a tumor in the posterior pharynx, filling up the nasal and pharyngeal cavities. The submaxillary and axillary glands were also swollen and hard. These growths were made to disappear, and the woman was regarded as cured in five months. This remarkable result was accomplished by the combined internal and parenchymatous administration of Fowler's solution. The arsenic was given in large doses, mixed with acetated tincture of iron, from eight to twenty-five drops three times a day. In this way twenty-eight grams were consumed in the course of the treatment. The injections consisted of equal parts of Fowler's solution and distilled water, of which there was injected from one to three tenths of the capacity of a Pravaz syringe (about three to nine minims.) There was but little reaction of the general organism, but a marked acceleration of the pulse. Locally, the tumors increased considerably in size with the first injections, but after the second week rapidly declined.—*Berl. Klin. Woch.*

[Czerny has employed the method of Billroth described above in the cure of a glandular lymphomata. In six months he obtained a complete cure of a case in which the patient had taken seven hundred and forty-six drops and had received seventy-six injections of ten drops each.—*Wien. Med. Wochen.; Michigan Medical News.*]

ABSTRACTS AND GLEANINGS.

Extirpation of the Spleen.—In an article on extirpation of the spleen, written by Dr. D. J. Zesas, of Zurich, and published in von Langenbeck's Archiv (28 Band, 1 Heft., p. 157), the author prefaces a report of a number of experiments made by himself on animals, with a review of similar experiments made from time to time by other observers. His results were far more satisfactory than those of his predecessors, which he attributes to the fact that their experiments were not confined solely to extirpation of the spleen, but included as well extirpation of the thyroid gland, and, in one of the cases, section of the left vagus nerve.

Zesas operated on six rabbits, all of which recovered rapidly from the operation; five of them were killed at times varying from one to seventeen weeks afterwards, and the post-mortem revealed no marked pathological change.

The author was able to find thirty cases reported of the operation performed on man, with the following results: In twenty cases there was prolapse of the organ, resultant upon penetrating wounds of the abdomen. All of these recovered. In seven cases the operation was performed for the cure of diseased spleen; three times successfully. The remaining three cases are added to the report: one of them terminated, in all probability, favorably (Volney Howard, for hypertrophy following malarial disease); the other two fatally.

After mentioning the modes of operation, as advised and carried out by Shultze, Adelman and Pean, Zesas concludes his paper with a summary of the contra-indications for the performance of the operation.

It should be carried out in cases of dislocation of the spleen, prolapsed spleens, which are irreducible or already gangrenous. It should not be carried out in cases of medullary carcinoma of the spleen, as it is generally secondary to like diseases of the liver and stomach. Echinococcus of the spleen must be treated by other methods (puncture, puncture with aspiration, etc., etc.) In scrofulous and tuberculous patients, and those having diseased spleens, as a result of malaria, cirrhosis of the liver, and leukaemia, all attempts at an operation must be desisted from, and the primary affection treated in the usual manner.

It may not be out of place to make mention here of two extirpations performed in California, which have escaped the observation of Dr. Zesas. They will increase the statistics of extirpation of the spleen, and are, besides, noteworthy, from the fact that in both cases the enlarged spleen was due to malarial disease. The first case was operated upon at St. Mary's Hospital, San Francisco, by Prof. L. C. Lane. The patient had suffered from malarial fever for a long time, and had an enormously enlarged spleen. The incision was made in the linea alba, and the spleen separated from its adhesions, which were very extensive and numerous, and ex-

cised. It became necessary to open the wound after closing it, in order to control hemorrhage, which had set in.

The patient sank rapidly; transfusion was resorted to, and he rallied for a short time, sinking again and dying shortly after the operation.

The second case is one performed by Dr. J. R. Simmons, of Sacramento. Patient had also been suffering from some malarial disease. All remedies, including injections of ergotin, had been tried, but proved of no avail, and it was resolved to remove the enlarged spleen. Incision made at edge of linea alba, and spleen extirpated. Measured $15\frac{1}{2}$ in length and circumference, and weighed $7\frac{1}{2}$ lbs. The patient died two and a half hours after the operation, from hemorrhage.

The Medical Times and Gazette, of March 24, 1882, contains the report of another splenotomy performed by Howard. The patient was strong, and not anæmic; had never suffered from intermittent fever, presented no signs of leukæmia, except enlarged spleen. Incision in linea alba, great hemorrhage, stopped by ligature and pressure with sponges. Five hours after the operation, collapse and death. Simple hypertrophy of the spleen. Cause of death believed to be due to disturbance of celiac plexus of sympathetic nerve.—*Dr. T. F. Morse, in Western Lancet. Detroit Clinic.*

Placental Delivery.—In a very large number of cases of delivery, involuntary contraction of the walls of the womb ceases after the birth of the child. These are the cases we are considering. This cessation of contraction, if the patient is left quite to herself, may last ten, twenty, forty minutes, or an hour, five or ten hours, or longer. We have been instructed to *wait*—time indefinite. And if you choose to wait, you may perhaps have to do it but for a few moments, and perhaps for a time as indefinite as the instruction. There is neither necessity nor good in waiting, except in an occasional case where your patient may be so exhausted by her previous efforts as to be quite incapable of making any more; in which condition let her have a brief rest. Do not hurry matters; but, when you have gotten the child out of your way, straighten your patient out so as to bring the abdominal muscles as closely down upon the uterus as practicable. With a bare hand on the bare abdomen, get around and hold of the fundus; take the cord in your other hand, well up, twisting it around your fingers to keep it from slipping; put it enough on the stretch to reduce the diameter of the placenta at the os and to bring the depending part into it; and say to your patient, gently, but as if you expected the proper response from her, "Come, now, give us one more pain and we will be through," or words of like import. She will fill her lungs and, beginning to "bear down," will *originate* a uterine contraction, a voluntary contraction, very readily perceived, and by which, aided by slight traction upon the cord and grasping pressure upon the uterus, the placenta will be driven out—not expressed, but expelled; and *that* is the thing desirable. If I have not been deceived by the observations of a thirty years' experi-

ence, this voluntary effort has vastly more of virtue and common sense in it than can be found in the vaunted method of Crede, or any other thing similar. A good many years ago (it was while *waiting* on a case for "a pain" to expel the placenta) the woman said, "See; let me blow on the back of my hand;" whereupon, inflating the lungs to a full capacity, she began to "bear down" while blowing on her hand, the lips being pressed to it so that no air could escape; and directly the after-birth slid into the vagina. In her mind she attributed the result to the blowing on her hand; but, as a matter of fact, she had instituted a voluntary contraction of the muscular walls of the uterus, and that had driven out the secundines. I have since seen other women "blow on the back of the hand" with the same efficacy.

It is not to be understood that a single voluntary effort of this sort will always procure the contraction, but that it often will. It is not to be understood that the effort, or repeated efforts, will not sometimes quite fail, but that they will frequently succeed. It is not to be understood that, the contraction procured, the placenta will always be cast out by the first closing in of the walls any more than by the first inclosing from an involuntary pain; but that one, two or more of these solicited and induced contractions will generally result as desired, and that the procedure indicated is one of the most potent factors in the attainment of that desired result. In a case of adherent placenta this stimulated plan is of great service. The work performed by it in separating the adhesion is precisely the same as performed by an involuntary contraction, with this in its favor, that whereas you might wait a long while for the involuntary pain to come, you can often abridge much time by the procured inclosing of the uterine structure. In cases of retained placenta after abortions, which sometimes give the practitioner a deal of trouble, the severe "bearing down" effort upon the part of the patient will often materially aid in the removal of the secondary mass.

I am aware that the power of voluntary contraction of the uterus is a matter not only called in question, but by some strenuously denied. I do not propose entering into the discussion of it here, but when, under the conditions we have been considering, one has seen the thing many times, he may be justified in believing that he knows exactly what he is talking about.—*Dr. Griswold, in Louisville Med. News.*

Cataract, Enucleation and Iridectomy.—In a review of recent works on the Eye, in the Archives of Medicine, the following passages occur:

The very important subject of iritis discloses little discrepancy of opinion except in the treatment of serous iritis, which Noyes does not make essentially different from that of the plastic form, while Williams says of it that "atropia is by no means to be regarded as the treatment, *par excellence*, to be used early and often as in the plastic variety." The latter considers a solution of the strength of two grains of atropia sulph. to $\frac{3}{4}$ i of water sufficiently strong to rupture adhesions; while the former advises at least

double that strength, and in New York even eight grains to the ounce is frequently used.

The chapters on cataract have an especial interest by reason of the debatable points upon which we are constantly seeking the results arrived at by our most experienced ophthalmologists.

Noyes would operate on *traumatic* cataract in one eye because of "gain in enlarging the field of vision, in the stronger mental impression, and because, notwithstanding no correcting glass was worn, a degree of stereoscopic vision was secured which the patients many times found of great advantage." Williams would not operate "because the eye operated on, having no accommodation, does not harmonize with the more perfect visual act in the opposite eye, and at times confuses instead of aiding it."

The latter would operate on both eyes at once in senile cataract, if both were ready; the former would not, preferring to give the second eye the advantage gained from the experience of the first operation. Anesthesia by sulphuric ether is recommended in most cases by Williams with a fervor inspired by a sight of the statue in the public gardens commemorating an event alluded to by all Bostonians who write medical books. Noyes says the employment of anesthesia "depends on the habit of the operator and the wishes of the patient." The use of corneal sutures to close the wound after the extraction of the lens, which was first proposed about ten years ago by Williams, is still recommended by him, though it is certainly not in general use among ophthalmologists. Removal of soft lens matter by aspiration is condemned by both authorities.

As regards the best method of extraction for the majority of cases, we find Williams rather non-committal. According to Noyes, the modern operation known as Graefe's modified linear extraction has quite supplanted the "flap method," while Williams evidently has a fond affection for the "flap method," which he performed so skilfully long before the new method was devised, and he draws attention to the fact that the development of secondary consequences—viz., separation of the retina, and iridocyclitis—is beginning to be noticed in an alarmingly large number of cases.

The new operation of optico-ciliary neurotomy as a substitute for enucleation is more enthusiastically mentioned by Williams, who says, "there appears to be every reason for believing that it may replace the graver operation (enucleation) in a large number of the cases, at least, where the enucleation has been performed as a preventive measure, before the second eye has become affected." Noyes says, "it has claims to consideration and is being extensively tested."

Of sclerotomy, the proposed substitute for iridectomy in glaucoma, Williams says: "It seems to be conceded that though sclerotomy offers a fair chance of success, iridectomy is most to be relied on for a certain and permanent curative effect, and it is, perhaps, sometimes useful for the relief of persistent pain in absolute glaucoma, where vision is hopelessly lost." Noyes says, "My own experience with it is small, and leaves me to favor iridectomy in

critical cases. The efficacy of the proceeding is not fully established, although some have written strongly in its favor."

In the treatment of stricture of the lachrymal passage there is a decided difference of opinion, Noyes favoring thorough incision at once, followed by the use of large probes, even as large as 4 mm. in some cases. Williams, on the contrary, incises very cautiously and uses probes of moderate size only.—*Pacific Med. Jour.*

Practical Notes on Neuralgia and Its Treatment.—There exists no better established nor more important fact than that neuralgia is a disease arising when the body is in a state of general debility. This is now more generally recognized than formerly, when pain was too often regarded as the symptoms of what was termed "sthenic inflammation" to be energetically treated by low diet and repleting remedies.

As this disease is frequently mistaken for rheumatism, gout, spinal irritation, etc., and *vice versa*, it may be well to name some of the leading features of a typical case of neuralgia. 1. It occurs when general debility exists, is increased by fatigue, mental or bodily, but relieved by food and sometimes by stimulants. 2. The pain, which is sudden, darting and excruciating, exhibits remarkable intermissions, especially in the early stages of the complaint, and the constitutional disturbance is slight (temperature, pulse, etc., frequently normal.) 3. It is usually unilateral. 4. As the disease advances tender spots (points douloureux) are formed in the course of the affected nerves.

That debility is a prime factor in neuralgia we have but to call to our remembrance cases which constantly appear. The overworked, anæmic, badly fed girl, suffering from neuralgia of the fifth, the anxious, struggling man in the early years of professional life or business, the married woman weakened by child bearing or over zealous in domestic cares, and the neuralgia of declining years, degeneration having set in, nutrition being defective. In our diagnosis we are assisted by the family history of the case, whether nervous disease in any of its varied forms has existed.

The treatment should be directed in every case toward improving the general health. Nutrition must be improved by very nourishing food, well masticated, and if stimulants are prescribed they should be given with food; pure air night and day; great cleanliness and the use of sponging with sea salt and water. Cod liver oil and cream are of service, given after meals. Quinine in facial neuralgias, and also chloride of ammonium; arsenic in cases of angina pectoris; iron and strychnine in anæmic states. Bromide of potassium is useful in mild cases, where the pain is not severe, but a general nervous condition exists, with restless irritability. The subcutaneous injection of morphia, beginning with one-sixth of a grain, is the most speedy and useful remedy we possess, and is a curative agent; for it checks at once pain, and thus gives us the opportunity of carrying out all those constitutional measures for improving the general health, whilst it disturbs but little appetite and digestion, and with use a toleration is established, and appetite sometimes improved; for nothing is more apt to destroy

appetite than the distress of severe pain. In chronic cases of neuralgia, a blister, not necessarily carried to the point of vesication, is often of the greatest possible service, and it is a treatment peculiarly adapted to old standing intractable cases.

Having sketched the mode of treatment it is unnecessary to give illustrations of the ordinary cases which constantly present themselves in hospital and private practice. I therefore select from my note book one of several successful cases where neuralgia has occurred in that period of life when a cure is rarely accomplished (some authorities say never)—the degenerative period.

In March, 1877, I saw, in consultation with Dr. Walker, of Wakefield, a lady aged seventy-six, who in early life had suffered from neuralgia of the stomach, which had been much aggravated by the treatment then in vogue of insufficient nutritive food and depleting remedies. This patient was seized with violent pain, affecting the nerves of the scalp, and which became so excruciating as to deprive her of sleep for many successive nights. She became delirious in consequence, and we decided to inject one-quarter of a grain of morphia. This gave prompt relief and procured sleep. She was ordered turtle soup, oysters, and an exceedingly nutritious dietary. She was well supplied with food at night also, which invariably relieved the pain. A mixture, containing half-drachm doses of aromatic spirit of ammonia and fifteen minims of tincture of nux vomica, seemed greatly to improve the appetite, which became prodigious and surprising. The tendency to degenerate was kept prominently in view, pure air was freely supplied in the bedroom, and every other measure taken to improve nutrition and the general health. As a local application, the chloroform liniment with tincture of opium relieved pain, and as soon as the case became chronic, the hair was cut closely and blistering fluid applied to the tender spots, which were well developed in this case; multiple abscesses formed, and were frequently opened by Dr. Walker. The old lady, after an illness of three months' severe suffering, recovered perfectly, left Wakefield for Harrogate, and is now (1882) in fair health, having had no return whatever of her former complaint. Her body is feeble, but her mind extraordinarily clear and bright for a lady who has passed her eighty-first year.—*London Lancet*.

A New Sleep-producing Agent.—Professor C. Binz, in a series of articles contributed to the *Berliner klinische Wochenschrift*, announces the discovery of nerve-depressing and sleep-producing properties in ozone.

The accepted view regarding this gas has been that it is very easily decomposed, nascent oxygen being set free; that it is extremely irritating on this account to the tissues, acting much like chlorine, and that it cannot be absorbed by the blood. Binz, however, shows that, in proper quantities, it is not irritating, can be inhaled and absorbed, producing, as he claims, peculiar effects on the nervous system.

The gas was generated by the sparks of an electric battery containing four of Bunsen's element. The ozonized air was con-

ducted by a tube through chloride of calcium. It was then carried by a tube either to a large air-tight glass bell, in which an animal was placed, or to a mask which was worn by the persons who inhaled it. Animals were first tried. If a strong and long-continued dose of the ozone was supplied, the usual symptoms of laryngeal and tracheal catarrh with strangulation and death occurred. If supplied in more diluted quantities for less than two hours, sleep or a lethargic condition was produced. Frogs, rabbits, and kittens, reacted best. The latter would, in the course of ten or fifteen minutes, become quiet and then lie down and apparently sleep. Shaking the jar would not arouse them. When removed and supplied with fresh air, however, they soon returned to their normal condition. Several animals were killed after having been in this condition, and no changes in the air-passages or other tissues noted. Precautions were taken and experiments made to show that there was no carbonic acid-poisoning and no introduction of nitrous oxide gas. The animals could, as a rule, be kept in the bell jar for two hours before any symptoms of irritation appeared, even of the outer parts of the air-passages.

The experiments were then tried upon human beings, Dr. Hugo Schultz was the first to submit himself. Subsequently five other gentlemen inhaled the gas. Three of them were put to sleep by it, the others were slightly stupefied or otherwise depressed. The time required for bringing on sleep varied between six and sixteen minutes. The sensations during this time were very agreeable. After removal of the gas the sleeper would awake within half a minute, generally sooner. It was suggested that in one quite susceptible person the condition was a hypnotic one, but inhalation in the same way of pure air produced no effect. After awaking there was some feeling of fatigue, but this soon passed away.

Large and prolonged doses of the gas produced sensations of nausea, dizziness, and strangling. But the diluted ozone was breathed for over half an hour without harm. Binz states that in too small amounts no effect is gotten; in too large ones, irritation is produced. He compares its action in this respect to that of alcohol when given. Prof. Binz claims no practical results from his discovery as it stands at present, but thinks that like every new scientific truth it may have, eventually, some useful bearing.—*N. Y. Med. Record.*

Nitrous Oxide.—Further experience has not changed the relative position or very much enlarged the sphere of action of nitrous oxide. That it is the safest of all anæsthetics has been established beyond a question. In one institution where such administration is subject of record, this gas has been given over 100,000 times, and not only without a death but without causing in a single instance symptoms sufficiently serious to necessitate transporting the patient home in a carriage. In the city of Philadelphia alone, it has been given over 133,000 times without a death, and without any injurious results. Death cannot be justly attributed to it in more than four cases since its introduction.—*F. C. Reece, in Holmes' Surg., Amer. Edition.—Med. Rec.*

Treatment of Diabetes by Bromide of Potassium.—Before the meeting of the Academie de Medicine a member read a paper on the treatment of diabetes by bromide of potassium. For the last six years the author has made this disease the object of his researches, and during that period he treated fifteen cases. He ignored entirely the classic *regime* of gluten bread, etc., being of the opinion that the disease consisted, not in the presence of sugar in the urine, but in the disorder of the organism, which produced the sugar in excess. Having had a patient who was diabetic, but who consulted him for certain nervous affections, he observed that under the influence of the bromide of potassium, of which he prescribed a drachm a day, the former disease yielded. This case gave him the idea to make experiments on rabbits, in which he produced artificially diabetes in touching the floor of the fourth ventricle, according to the method of Claude Bernard. Four grains of the drug injected into the veins caused the sugar to disappear in each case. Consequently, ever since, the author has entirely adopted this drug in the treatment of the disease in question, and always with good results. The author further insisted on the necessity of employing muscular exercise of every kind. The use of alkalies, and of iron, arsenic, quinine, according to their several indications, form part of the general treatment. There is one point worthy of remark in the above communication, and that is the complete disregard as to *regime*, which must be beneficial to the patient in that he is relieved from the irksomeness of observing a certain imposed diet, which soon disgusts him, and what is more grave, keeps him continually dwelling on the affection from which he suffers, a fact which often leads to another malady, which, though less formidable, is not without producing a deleterious effect on the constitution, already weakened by the primitive disease, hypochondria. If further researches verify the efficacy of the observations of the learned author, the treatment of this grave affection will have made a *pas en avant*.—*Medical Press, August 30, 1882.*

Recovery of Nine Cases of Hydrophobia.—At a recent meeting of the Paris Academy of Medicine a memorandum was read by M. Decroix, reporting nine cases of cure of hydrophobia. The Committee on Rabies made, during the year 1874, a series of experiments with medicines said to be useful for curing rabies, in which they made use of pilocarpin three times, and in every case the remedies hastened death by the violent fits they brought on. In the course of his experience, M. Decroix met with two cases of rabies which did not end fatally. The conclusions arrived at by the Committee are as follows :

First.—It has been experimentally demonstrated that rabies may recover spontaneously.

Second.—Up to the present no treatment has proved to be antihydrophobic, and cases of cure by this or that means may be attributed to the efforts of nature.

Third.—All the means used by the Committee since 1874, com-

prising principally injections of pilocarpin, have hastened rather than retarded the death of the subject.

Fourth.—Those dogs usually recovered which were left without treatment, as the medicines brought on violent fits, and there is an inclination among medical men to leave men thus attacked in perfect quiet, and only practice experiments on animals. The filing down of dogs' teeth—an easy and almost painless operation—is still the most efficacious preventive of madness.

Fifth.—Rabid people left in the dark and kept quiet are not subject to fits, unless they are brought on by excitement or by ordinary medicines, and "as far as I am concerned," says M. Decroix, "I would rather be attacked by this kind of madness than many other diseases, particularly than that red chancre of smokers."—*Medical Press*.

The Treatment of Intussusception.—In the September number of the New York Medical Journal and Obstetrical Review, Dr. W. R. Gillette, physician at Bellevue Hospital, relates a case of intussusception in a child nine months old, relieved by injections of water, the administration of chloroform by inhalation, and manipulation of the tumor felt through the abdominal wall. This, he states, is the third case of intussusception in infants which he has seen, and which he has been able to reduce by these means. He thinks that these cases, from the philosophy of their condition, and the necessary measures for relief, are best managed in the way indicated. In two other instances, in which he saw and advised this treatment, reduction was utterly impossible under the other methods tried. The children in each of these cases were held while struggling, and the injections forced into them against all voluntary and involuntary efforts which they could make. He deems the administration of chloroform almost absolutely necessary in these cases. The reason is not difficult to find, inasmuch as, while it gives us such perfect control of the patient, it also eliminates the element of muscular spasm. Moreover, massage is a powerful adjuvant to the hydrostatic pressure of water in these cases. In the first two cases the obstruction was not overcome until massage also was employed.—*Ind. Prac.*

Treatment of Yellow Fever by Phenic Acid.—M. Lecaillé, of Rio Janeiro, following out the doctrine of ferments, has been treating yellow fever with phenic acid. In twelve cases under his care, success was complete. In one instance the stage of "black vomit," etc., had set in, and the patient was almost moribund. Lecaillé saw him at this time, *i. e.*, the fifth day. Phenic acid was injected hypodermically, syrup of the phenate of ammonium was given per os, and sulpho-phenic per rectum. This was done at intervals of two hours. On the third day of treatment the patient was pronounced cured. A second patient was in the cosmic stage of the parasite. Ten hypodermics, together with rectal injections of sulpho-phenic and glyco-phenic were made, with the result of bringing about a cure on the seventh day.—*Cronica Med. Quir.*

Viability of Premature Children.—Professor Spath recently expressed himself as a believer in the very early viability of premature children (Wien. Med. Zeitung, May 20, 1882). After speaking of the generally accepted opinion that children were not to be considered viable until after the completion of seven lunar months gestation—twenty-eight weeks (the Prussian law pronounces the fœtus viable that has been carried thirty weeks)—he went on to say that his own observations warranted him in making the statement that a fœtus could be kept alive out of the sixth month even. Of course, the sixth lunar month is from the end of the twentieth to the end of the twenty-fourth week of utero-gestation. Particular care would naturally be demanded in bringing up such youngsters. Enveloping the child in cotton wadding was an admirable way of preventing loss of the low degree of body-heat such children possessed. The weakness of the digestive powers should be met by giving such milk as contains but a small amount of casein. As observation shows that the milk of women becomes richer in casein the longer they suckle, only young girls should be made choice of as wet-nurses, who have been recently confined. It was also necessary that the young person chosen should have long nipples; for, as the infant itself would be too weak to suck and swallow, the nipples ought to project deeply into the mouth, so that the milk might in a manner run of itself into the stomach. Professor Spath himself had a case under observation in which a child born in the sixth lunar month was successfully brought up in the manner above stated, the child being at the present time six years old, and quite as well grown and strong as its brothers and sisters born at full term. He remarked, in conclusion, that the great mortality of premature children was easily comprehended when one bore in mind the ordinary high death-rate during the first year of infant life.—*Med. Press and Circular*.

Poisoning from Red Stockings.—Dr. J. Woodward, in The Lancet, calls attention to the fact that an irritation of the feet and legs, followed by small pustules and a subsequent exfoliation is sometimes caused by red stockings. Upon a careful analysis of some of the stockings he found that a tin salt, which had been used as a mordant in fixing the dye, was present in considerable quantity. He succeeded in obtaining as much as 22.3 grains of this metal in the form of the dioxide, and as each time the articles are washed the tin salt is rendered more easily soluble, the acid excretions from the feet attack the tin oxide, thus forming an irritating fluid.—*Louisville Med. News*.

Geum Album for Gastric Irritation and Headache.—Dr. W. A. Spurgeon, in Therapeutic Gazette, March, 1882, says, after a botanical description of this plant, that it is already useful as an anti-emetic; that it relieves gastric irritation (from any cause) and headache. A teaspoonful of a tincture, representing eight troy ounces to the pint, is a dose, but larger doses may be given.—*Virginia Med. Monthly*.

Pet Animals and Contagious Diseases.—Dr. Hewitt, of Lake Superior, relates in the *Journal of Compar. Med.*, an instance in which diphtheria was communicated by a cat. For several days a pet cat had been suffering with enlarged cervical glands, other cats were similarly affected. The pet cat died in the house, and on the day of its removal, there broke out in his family a most virulent form of diphtheria, resulting in the death of two of his children, the doctor barely escaping with his life. Up to this time the neighborhood was remarkably free from sickness of any kind. The disease spread, and very soon a large portion of the inhabitants were down with the disease.

It is to be hoped that more attention will be paid to this subject and instances, similar to the above, reported.—*N. Lancet.*

Treatment of Syphilis.—After dwelling upon the importance of exhausting every conceivable means of diagnosis. Sigmund, as the result of his long experience, advises removing the initial lesion (if the case be seen very early) with knife, cautery, or caustic, followed by neat dry dressings. After this he advises deferring constitutional treatment, except hygienic, until the cutaneous manifestations appear. When this arrives he uses for the lighter forms the iodine preparations; for graver forms with defective nutrition and strength, palpably due to syphilis alone or widespread pustular, papular or squamous eruptions, mercury. But this must never be pushed to salivation. For the gravest tertiary forms he recommends mercury and iodides alternately.—(*Neuere Behandlungsweise der Syphilis.*)—*Amer. Prac.*

Small-Pox and Scarlatina Occurring Simultaneously in Same Subject.—Chrostowski (*Gaz. Lekars.*, 1881, No. 53) relates a case in a patient æt. 19. On the fifth day after scarlatina had been diagnosed, red spots and papules appeared over the face; the upper limbs, hard palate and other parts remaining free from the scarlatinous rash. Temperature immediately fell from 105.5° to 103.6°. For some days new papules continued to appear, always selecting with mathematical preciseness non-scarlatinous spots. The change of papules into pustules coincided with desquamation of the scarlatina eruption over the trunk. After, the course of the small-pox was regular and generally mild. Four weeks later the patient left cured. No albuminuria.—*Lond. Med. Record*, July 15, 1882.

Small-Pox in Birds.—Dr. Hewson, of Philadelphia, claims that he has traced this disease to the English sparrows' nests. The senior editor of the *Pittsburgh Medical Journal* has seen the eruption of small-pox among the poultry of a family he was attending for that disease, in 1849. The disease was manifested principally upon the head and comb of the fowl, and the parts beneath the bill not covered with feathers. These parts were covered with pustules resembling those met with in the human subject, closing the eyes and swelling the head to double its former size. The disease appeared to be contagious, and was quite fatal.—*St. Louis Clin. Record.*

SCIENTIFIC ITEMS.

The Ways of Plants.—In a great many cases leaves are said to sleep; that is to say, at the approach of night they change their position, and sometimes fold themselves up, thus presenting a smaller surface for radiation, and being in consequence less exposed to cold. Mr. Darwin has proved experimentally that leaves which were prevented from moving suffered more from cold than those which were allowed to assume their natural position. He has observed with reference to one plant, *Maranta arundinacea*, the arrow-root, a West Indian species allied to *Canna*, that if the plant has had a severe shock it can not get to sleep for the next two or three nights.

The sleep of flowers is, also, probably a case of the same kind, though, as I have elsewhere attempted to show, it has now, I believe, special reference to the visits of insects; those flowers which are fertilized by bees, butterflies, and other day insects, sleep by night, if at all; while those which are dependent on moths rouse themselves toward evening, as already mentioned, and sleep by day. These motions, indeed, have but an indirect reference to our present subject. On the other hand, in the dandelion (*Leontodon*), the flower-stalk is upright while the flower is expanded, a period which lasts for three or four days; it then lowers itself and lies close to the ground for about twelve days, while the fruits are ripening, and then rises again when they are mature. In the *Cyclamen* the stalk curls itself up into a beautiful spiral after the flower has faded.—*Pop. Science Monthly*.

THE London Times publishes a synopsis of some papers on the "tremors of the earth" by the committee appointed to measure the lunar disturbance of gravity, and by Mr. G. Darwin, which contains some statements new to the public. It is considered proved by the men of science engaged that the crust of the earth bends under the weights imposed on it till, "when the barometer rises an inch over a land area like that of Australia, the increased load of air sinks the entire continent two or three inches below the normal level." The land actually sinks and rises under the pressure of the mass of water thrown upon it by the tides, the maximum rise and fall on the Atlantic seaboard reaching five inches. This effect is felt at the bottom of the deepest mine, and may reach for an unknown distance. It follows that the crust of the earth must be of exceeding tenacity, exceeding as a minimum that of granite; and its swayings may be the causes of phenomena hitherto quite unexplained, as, for example, the relation between storm and earthquake. So universal, frequent and unavoidable are these disturbances that the inquiry into the lunar disturbance of gravity has been given up. No depth can be found at which a recording instrument can be placed so as to escape their effect. The round earth pants, in fact, like a breathing being, under the changes always going on above her.—*Mech. News*.

CAUTIOUS—We are not sufficiently alive in this part of the globe to the importance of the maxim, "In time of peace prepare for war." Nobody has thought, for instance, of adding to the other hindrances to the completion of the Brooklyn Bridge a suggestion that whenever England invades this country she will take possession of Long Island, occupy Brooklyn and rush her troops over the bridge into New York. But it appears to be a settled fact that the project of a Channel Tunnel from England to France is to be abandoned for a reason very like the one we have described. General Sir Garnet Wolseley, who is just now in a position not to be safely contradicted, declares that it will not do. The Duke of Cambridge, commander-in-chief of the British army, is of the same opinion. A committee of which Sir Archibald Alison is the chairman has reported various plans for fortifying the tunnel, stifling a hostile force with irrespirable gas, drowning and crushing them, and blowing both them and the tunnel into the next or the nether world; but after all these grim precautions are taken, the committee still doubts whether the enemy might not get over. It follows that this generation will not witness the building of the tunnel; and it will fortunately pass away too soon to hear the derisive laughter of a future one.—*Mech. News.*

Novel Uses of the Electric Light.—A company is now negotiating with the government for a contract to light the City of Washington by placing around the dome of the Capitol a series of powerful electric lamps, aggregating several hundred thousand candles in brilliancy. It is proposed in this way to light the city to the distance of a mile in all directions better than it is usually done by street gas-lamps.

Pearl-fishing, it is now thought, can be conducted with great success by means of submerged electric lights in place of the old mode of employing divers. Incandescent lamps, of the Edison form will be let down to the ocean bed, making it as light as the surface in daylight, while operators with suitable grappling tongs, at the surface, will pick up the pearl oysters and deposit them in crates sunken for the purpose at the depth of a hundred feet or more.

Look out, now, for a supply of these lovely gems, larger than have yet been seen, since aged oysters can be taken from a depth far beyond the reach of the old-time diver.—*Literary Microcosm.*

MONS. CAMILLE FLAMMARION, the French astronomer, endeavors to account for the recent remarkable changes of Mars by supposing that inundations and other movements of great bodies of water are more extensive on that planet than on earth.—*Ex.*

THE transit of Venus, which occurs December 6, will be visible to the naked eye. The beginning and close of the transit can be seen in all the Atlantic States of North America, and throughout South America.—*Ex.*

PRACTICAL NOTES AND FORMULÆ.

Torpor of the Colon.—Dr. H. C. Ghent, (Class of 1856), Belton, Texas.—A few days ago, in looking over one of my old note-books, I found the following: "Jefferson Clinic, January 9th, 1856, service Prof. Dunglison, case No. 6. Male adult.

R Magnes. sulph..... ̄ ij.
Potass. bitart..... ̄ j.
Ferri sulph..... ̄ ss.

M. Sig. For a quart of water. Dose: A wineglassful every morning before breakfast.

Prof. D. then remarked that he often added to the foregoing:

R Subcarb. iron..... grs. xv. M.

This he called the Ferro-saline. The above prescription, in varying proportions, I have used thousands of times during the past quarter of a century, and can safely say that in nineteen cases out of twenty, with the happiest results. I have prescribed it, when indicated, for most all ages, male and female, but there is one class of patients to which, as Dr. D. taught, it is best suited, viz: during adult female life, where there is anemia with torpor of the colon or habitual constipation. For a case of this character, my usual prescription is the following—

R Magnes. sulph..... ̄ ij,
Potass. bitrat..... ̄ j,
Ferri sulph..... ̄ ij,
Tinct. aurantii cort..... ̄ iv,
Aque q. s. ad..... ̄ xxxij.

M. Sig. Wineglassful every morning before breakfast.

No one prescription from any teacher or professional friend has ever been of so much service to me in the treatment of the above class of cases. I often add the subcarbonate of iron in larger proportion than the original. The dose is not so nauseous as one would imagine from its composition.—*College and Clinic Record.*

Remedy for Asthmatic Paroxysms—

R Tict. lobeliae..... ̄ ij,
Ammon. iodid..... ̄ ij,
Ammon. bromide..... ̄ iv,
Syrup tolu..... ̄ iv.

M. Sig. Teaspoonful every one to four hours.—*Bartholow.*

Dysmenorrhœa.—

R Tinct. cimicifuga..... }
Cimicifugæ } aa ̄ i.
Spec. tinct. pulsatilla..... }
Aqua dist..... ̄ iv.

M. Sig. Teaspoonful four times a day.—*Med. Brief.*

Nervine and Anti-Spasmodic—

R Potassii bromidi.....	grs. x.
Tinct. conii.....	gtt. xxx,
Tinct. val. ammoniæ.....	gtt. xx,
Aquæ camph.....	℥j.

M. A favorite prescription in the Hospital of Chest diseases, London. It is useful in epilepsy, dysmenorrhœa, chorea, hysteria and the like.—*Med. Summary.*

Apthous Sore Mouth in Infants.—Prof. Wallace (College and Clinical Record recommends the following:

R Sodii sulphitis.....	gr. xxx,
Glycerine.....	} aa ̄ ss.
Aqua.....	

M. To be used on a swab every two hours. Scrupulous cleanliness is required when a nursing bottle is used. The rubber nipple should be turned inside out after each using, washed clean and kept in a solution of baking soda until again needed. It is better to have two nipples, and to use them alternately. Milk must not be allowed to stand in the bottle till it grows sour.—*American Medical Journal.*

Treatment of Eczema of the Genitalia, Pruritus and Leucorrhœa.—In cases of eczema, in which glyceroles and unguents have failed, the following formula has been successful:

R Chlorate of potassium.....	30 grammes.
Wine of opium.....	50 grammes.
Pure water.....	1 quart.

Applied to the parts by linen compresses covered with oiled silk. If there is much inflammation, precede this with warm hip baths and cataplasms sprinkled with powdered carbonate of lime. In obstinate pruritus, associated with leucorrhœa, a tablespoonful of mixture of equal parts of tincture of iodine and iodide of potassium, in a quart of warm tar-water (tar-water holding the iodine in solution) used daily, night and morning, removes the pruritus and ameliorates the leucorrhœa. In fœtid leucorrhœa two or three tablespoonfuls (in a quart of warm water morning and evening, as an injection) of the following formula will be found useful—

R Chlorate of potassium.....	12 grammes,
Wine of opium.....	10 "
Tar-water.....	300 "

Or,

R White vinegar (or wine).....	300 grammes,
Tinct. eucalyptus.....	45 "
Acid salicylic.....	1 "
Salicylate of soda.....	20 "

One to five teaspoonfuls in a quart of warm water as an injection two or three times a day.—*Med. Summary.*

Boracic Acid Ointment.—M. J. L. Championniere recommends an ointment made of vaseline and boracic acid as an antiseptic mixture which can be preserved indefinitely and is of great value, being non-irritating.

It forms a bland ointment suitable for superficial ulcers or wounds which are not to be irritated; it is applied on a cloth, on salicylated or absorbent cotton batting.

It can be used with advantage as an application for eczema and intertrigo, which, although not parasitic, gives rise to lesions containing and keeping them.

There is no better topical remedy for the erythema of the buttocks of infants. It is an ointment always clean and aseptic to grease the finger and instruments. Wherever there is an irritated wound, it is a most valuable topical application.

Boracic acid is a less energetic antiseptic than carbolic acid; but its action is nevertheless powerful.

The author has successfully employed it in very fetid eczemas, and in fetid sweating of the feet. After washing the feet, the ointment is applied in the interdigital spaces; the effect is very good.

The following is the formula of the ointment—

Boracic acid, finely powdered 1 part,
Vaseline..... 2 parts.

The acid must be very finely powdered and sifted and not dissolved in glycerine or alcohol, as this renders the mixture irritating.—*Four. de Med. et de Chirurg Prat.—St. Louis Med. and Surg. Journal.*

A Specific for Singultus.—This very common affection, of infants and children especially, has a specific remedy, at least one which I have never known to fail. Moisten granulated sugar with good cider-vinegar; give to an infant from a few grains to a teaspoonful. The effect is almost instantaneous, and the dose seldom needs to be repeated. I have used it for all ages, from infants a few months old to those on the down-hill side of life. Try it.—*Henry Tucker, M. D.*

Dr. Yuna's Vegetable Liver Pill.—The following is a good vegetable liver pill—

R Leptandrin $\frac{1}{2}$ scruple,
Podophyllin..... $\frac{1}{2}$ “
Ext. belladon..... $\frac{1}{2}$ “
Ext. nux vom..... $\frac{1}{2}$ “
Pulv. ipecac..... 5 grains.

M. ft. pil. 30. Sig. One, two or three times daily.—*Druggist's Circular.*



EDITORIALS AND MISCELLANEOUS.

HILDEBRANDT, the great gynecological teacher of Konningeburg, is dead.

ETHER VS. CHLOROFORM.—The number of deaths thus far recorded of chloroform is 368, while those from ether are only 27.

THE American Gynecological Association will hold its next meeting in Philadelphia on the third Tuesday in September, 1883.

MEDICAL JOURNALS.—It is said that the number of Medical Journals published in the City of Philadelphia falls but little short of the entire number published in the whole of England.

THE Order of Disorder in Mental Disease, by O. Everts, M. D., superintendent of the Cincinnati Sanitarium. This is a well written, able and instructive paper on the subject treated.

ERROR.—In our August number, page 293, there is a mistake—copied from an exchange—which every subscriber should turn to and correct. It should read—

R	Blismuth subnit.	3 ijss,
	Pulv. creta, aromat. cum. opii.	3 ss,
	Pepsin sacch.	5 ij.

M. Make 8 powders. As it originally stands the opium is in dangerous proportion.

A MAD DOCTOR.

It is stated that Dr. McLean, of Detroit, Mich., has instituted a libel suit against one of the city papers for \$50,000. We don't know the provocation, but suppose the paper has been criticising the Doctor's professional conduct.

MEDICAL PROGRESS.

There are those engaged in the practice of medicine who discard the fact of the great progress which has, of late years, been made in medical science. They are old foggy-routine practitioners who do not read the Medical Journals, and as a consequence don't know what is going on. They reject, or affect to despise, all new drugs and new agencies, because they do not know how to use them. They are too lazy to read the Journals and improve themselves, or hold their purse-strings too tightly to devote a small pittance—perhaps the proceeds of a single medical visit—to pay for a Journal which would keep them posted on the advances of the profession. Many of this class of men are located at points where they are the only dependence, occupying perhaps good fields, and crowding out better men. The people, in

their ignorance, know no better than to sustain and patronize them, and are thus placed at a most serious disadvantage.

How these careless men can reconcile it to their consciences to practice medicine in ignorance of so many valuable agencies that they could and ought to learn, we cannot understand. Among these valuable means are included the use of anæsthetics, the clinical thermometer, the hypodermic syringe, the use of veratrum, gelsemium, aconite, the bromides and many other valuable remedies and appliances, which of late years have so enlarged and strengthened the armamentarium of the practitioner.

As journalists we have a good opportunity to know this fact. It is vain that we appeal to them through circulars or otherwise, and the astonishing fact remains that scarcely one in ten of those engaged in the practice ever buy a new book or read the medical journals.

It is clearly the duty of the progressive medical men—those who read and those who write, those who feel some degree of pride in their profession—to use their influence to advance and elevate the profession by inducing practitioners everywhere to read and sustain the medical literature of the country, and to inform themselves in the advances of our noble art. And, in doing this, let not the extremely cheap and trashy Journals be sustained to the neglect of the more useful and substantial Journals in your own section. Let medical societies be organized in every neighborhood; let the brotherhood of the profession be encouraged by mingling together, thus cultivating social relations and uniting heart and hand in maintaining and advancing the great interests of the profession.

A NEW YORK DOCTOR, worried, worn and weary
 With dust and heat and circumstances dreary,
 Resolved to rusticate and go a fishing;
 And so he bids John tell all persons wishing
 His counsel that a case of *Ichthyosis*
 Has called him out of town in consultation,
 His patients set him down a second Moses,
 And propagate abroad their admiration.—*Pacific Med. Jour.*

A Georgia Doctor, worried, worn and often caught
 By calls which ne'er a dime to his pocket brought,
 Had in his house a room named *Billy Jones*,
 Where, as a ruse, he oft did rest his weary bones;
 And when his servant Jack answered to a call
 From one of doubtful means, or none at all—
 Especially if in his bed the Doctor snug and warm
 Heard the loud hello! out in the dismal storm—
 Quoth Jack in meek if not regretful tones—
 "The Doctor will spend the night at *Billy Jones*."

SOUTHERN MEDICAL RECORD.

PAMPHLETS RECEIVED.

Life of John M. Briggs, of Bowling Green, Kentucky. By W. K. Bowling, M. D.

The place where born, and the time when,
 Have much to do in making men.

The early diagnosis of Chronic Bright's Disease. By T. A. McBride, M. D., of New York.

The application of Pressure in diseases of the Uterus, Ovaries and Peri-Uterine structures. By V. H. Talliaferro, M. D., Atlanta, Georgia, Professor of Obstetrics and Diseases of Women and Children in the Atlanta Medical College.

Abortive treatment of Mammary Abscesses and the cure of Fissured Nipples by means of a new and effectual compress. By George H Noble, M. D., Atlanta, Georgia.

Some observations on the Therapeutic Use of Alcohol. By Alfred K. Hills, M. D., of New York.

Treatment of Consumption, indicated by the discoveries of Koch and others of its Parasitic origin. By M. L. James, M. D., Professor of Materia Medica and Therapeutics in the Medical College of Virginia.

The antiseptic treatment of wounds after operations and injuries. By W. T. Briggs, M. D., Professor of Surgery, Medical Departments of University of Nashville and Vanderbilt University.

Gunshot wound of the abdomen. Fecal fistula—spontaneous closure. Recovery, with remarks on treatment, including a further consideration of the action and applications of quinine. By A. Sibley Campbell, M. D., Augusta, Georgia, Secretary of the Medical Association of Georgia; member of the American Medical Association, etc. Reprinted from the Transactions of the Medical Association of Georgia—Thirty-second annual session, 1881.

Stricture of the Rectum, treated by electrolysis. By Robert Newman, M. D., of New York.

Gonorrhoeal Ophthalmia, its Complications and Results; Iridectomy for Artificial pupil. A clinical lecture at Michigan College Hospital, by C. J. Lundy, M. D., Professor of diseases of the eye, ear and throat.

BOOK NOTICES.

THE PROBLEM OF HUMAN LIFE—Embracing the "Evolution of Sound" and "Evolution Evolved," with a review of the six great modern scientists, Darwin, Huxley, Tyndall, Haeckel, Helmholtz and Mayer—thirty-fourth thousand. By A. Wilford Hall, New York. Hall & Co., 23 Park Row. Price \$1.00.

We have examined the above work with more than usual interest, and must acknowledge ourself constrained by force of argument to yield some of our preconceived opinions on scientific subjects. To be properly understood or appreciated, the work must be carefully studied, and this we have not done, having been carried hurriedly through it by the novelty and interest of the writer's views.

The conclusion seems inevitable that the wave theory of sound so long accepted as true by the scientific world is in reality a fallacy, having no foundation in fact. This we think is clearly established by the writer in this book.

The position taken by the author that life in man and all living creatures is a substantial entity, consisting of real, though incorporeal substance, is exceedingly plausible. He holds that everything, indeed, is

substance, and that the difference between material and immaterial objects is only in degree of density or attenuation. Electricity, light, heat, magnetism and the spirit of man—even God himself—he regards as substantial entities. To appreciate the strength of his argument in favor of this theory one must read the work. We pretend not here to explain his views, and only refer in general terms to the work as being one of rare interest and ability, worthy the perusal and study of intelligent and thinking men. His criticisms upon the doctrines of the evolutionists are very forcible and interesting, and constitute the only satisfactory rebuttal that has yet appeared to the doctrines of Haeckel, Darwin and other materialistic writers.

A PRACTICAL LABORATORY COURSE IN MEDICAL CHEMISTRY. By John C. Draper, M. D., Professor of Chemistry in the Medical Department of the University of New York, and of Physiology and Natural History in the College of the City of New York. William Wood & Co., 56 LaFayette Place, New York, 1882. McGarrity & Laird, Agents, Atlanta, Ga.

This is a snug little work, containing an abridgment or condensed outline of Prof. Draper's Laboratory Course, and admirably arranged to give to the student a practical knowledge of those Chemical manipulations and tests which every intelligent physician ought to understand and is expected to possess. These are important in diagnosis, in questions of Medical Jurisprudence and in many hygienic problems which are likely to arise in the experience of every practitioner. The book is arranged with alternate blank pages for the convenience of the student in taking notes, etc. The alphabetical list of Symbols and Formulæ will be found exceedingly instructive and useful.

QUIZ COMPENDS, No. 1.—QUESTIONS ON ANATOMY. By Samuel O. L. Potter, M. A., M. D., Author of Index of Comparative Therapeutics, and of the Lea Prize Essay of the Jefferson Medical College on Dyslalia; A Study of Speech and its Defects, with sixty-three illustrations. Philadelphia: P. Blakiston & Son, 1012 Walnut street, 1882.

A book of Questions and Answers in Anatomy, very convenient and useful to the teacher of Anatomy and to the medical student. Superfluties are omitted and the cream and pith of the essential portions of the Science only included.

ON ASTHMA, ITS PATHOLOGY AND TREATMENT. By Henry Hyde Salter, M. D., F. R. S., Fellow of the Royal College of Physicians, Physician to Charing Cross Hospital and Lecturer on the Principles and Practice of Medicine at the Charing Cross Hospital Medical School. First American from the last English edition. New York: Wm. Wood & Co. McGarrity & Laird, Agents, Atlanta, Ga.

The work is illustrated, contains 279 octavo pages, is well written and we may say is exhaustive of the important subject of which it treats. In treating hay fever the continued use of strychnine during the attack is mentioned as an absolute cure with many persons. A cruise on a yacht is also mentioned as an absolute specific, because it removes the patient from the cause of suffering. To relieve the paroxysms of Asthma stimulants in the shape of strong coffee and whisky are favorably mentioned.

AN ESSAY ON THE EVILS AND USES OF TOBACCO. By Rev. I. L. Kephart, A. M. Written in competition for a prize of fifty dollars offered by Rev. W. S. Titus, of Charlotte, Mich. Dayton, Ohio, United Brethren Publishing House, 1882.

A little work of seventy-five pages, well written, and containing useful and instructive facts on the great evil of the use of tobacco.

TRANSACTIONS of the Medical Society of the State of West Virginia—14th and 15th Annual Session, 1881-'82, held at Wheeling, May 24, 1882—two volumes in one, making a work of 840 octavo pages.

The addresses and papers are, many of them, able and interesting. We have not, at present, space to mention them as they deserve.

The officers for the present year are as follows:

President—Dr. B. W. Allen. *Vice-Presidents*—Drs. W. L. Grant, J. H. Manown, C. Shriver. *Secretary*—Dr. S. L. Jepson.

RECEIPTED.

1881.—Drs. B. M. Walker, E. P. Overby, — McCallum, A. A. Stanley.

1882.—Drs. W. Cusick, P. M. Catching, G. M. McMillan, A. J. Pinson, B. E. Clark, M. B. Pollard, W. S. Glass, H. J. Walker, W. H. Feek, J. B. Rutland, Richard Inge, M. V. Harrington, T. N. Skeen, Jno. G. Moore, J. W. Unger.

1883.—Drs. L. M. Wood, to Oct., H. Nance, W. H. Boyken, A. B. Coleman, T. S. Jones.

SPECIAL NOTICES.

PARKE, DAVIS & CO.—This magnificent Drug establishment, located at Detroit, Mich., have, by unremitting perseverance and faithfulness in all their business interests, obtained the confidence and good will of the medical profession throughout the entire country. They have accomplished much for the progress of Medical Science and largely benefitted mankind by the introduction of new and important Drugs. They are entitled to the thanks of the Profession, and justly deserve the high reputation to which they have attained.

WM. R. WARNER & CO.—This splendid Drug establishment continues to maintain the confidence and support of the Medical Profession everywhere. Their preparations are specially commended for their purity and neatness, and for the care with which they are manufactured. Their beautiful *Parvules* are becoming more and more popular, and are certainly a great convenience to the practitioner. The house holds a deservedly high reputation throughout the whole country.

Celerina—Dr. W. T. Leachman, of Louisville, Kentucky, says: I have used **CELERINA** in the treatment of nervous diseases with the most gratifying results, and in a few cases of Opium habit. I am thoroughly satisfied with its remedial effects in this particular affliction.

Pinus Canadensis.—Dr. J. C. Nidelet, of St. Louis, Missouri, says: After many years' experience with Kennedy's Extract of the *Pinus Canadensis*, I unhesitatingly state that its use in all diseases affecting the mucous membrane is invaluable.

NEW CASTLE, PENN., May 17th, 1880.

To WM. F. KIDDER, Esq.—Sir: I have used **HYDROLEINE** freely in my practice for the last three or four months, and am well satisfied with its effects, as I have prescribed it in several cases that had been taking Cod-Liver Oil without apparent benefit, and who immediately began to improve under the use of **HYDROLEINE**, and to this date the improvement seems to be permanent.

H. P. PEEBLES, M. D.

BEED & CARRICK.—The polite and intelligent agent of this excellent house called at our office and exhibited a number of samples prepared by them. For neatness, beauty and excellence of combination they cannot be surpassed. We ask our readers to read their advertisement on next to last cover page in this Journal; also the Beef Peptonoids advertisement, and to test their preparations. We have found them very useful in practice.

LISTERINE.—Now that the father of antiseptic surgery has placed carbolic acid under ban, and recommended eucalyptus as an efficient substitute for it, we would advise physicians to give **LISTERINE** a trial. Eucalyptus is one of its constituents; and the preparation, being a perfect solution, is presented in a form most convenient for general use.—*Louisville Medical News*, June 25th, 1881.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the **ELLIOTT**. Doctors that do the same thing get the standard article. Send for circular to A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

THE Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

~~All~~ All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XII. ATLANTA, GA., DEC. 20, 1882. No. 12.

ORIGINAL AND SELECTED ARTICLES.

A CASE OF SEVERE UTERINE HEMORRHAGE—TWO WEEKS AFTER DELIVERY.

BY T. B. GREENLEY, M.D., OF KENTUCKY.

Mrs. C., aged 28 years, of good general health and family record, was confined on August 3d, 1881. The labor was natural in every particular, and she expressed herself as having a better time than either of her previous labors, this being her third. Her lying-in period was attended with no untoward symptom; her lochial discharge somewhat diminished in quantity; her appetite good, and feeling so well at the expiration of two weeks she got up and was about the house and out in the yard. While in the yard, without any premonition, she was taken suddenly with a severe hemorrhage from the womb, and by the time she was taken into the house and put to bed she was pulseless. By the time I arrived, about an hour and a half after the attack, the bleeding had measurably ceased, but she was still nearly pulseless. Her mother, who was present, had the thought to lower her head by elevating the foot of the bed, which probably had the effect of partially restoring the failing action of the heart.

By the use of proper stimulants and hemostatics, I soon succeeded in arresting the farther flow of blood and establishing reaction.

I saw her every day for one week, and by the use of proper kinds of nourishment—the principal part of which was milk, she rallied and felt strong enough to sit up, and expressed a desire to do so, but I cautioned her that it would not be safe to do so for several days yet. When I left her on this day I told her she was doing so well that I would not return unless sent for. But the night following, a messenger came after me in a great hurry, stating that Mrs. C. was dying from a second hemorrhage. I hastened to her bedside, and found her pulseless and completely pallid. I now thought she would certainly die before reaction could be brought about. On examination found blood still oozing from the womb. Used tampons, and exhibited ergot, stimulants and nourishment, as well as warmth, etc., to the extremities. It was nearly twenty-four hours before reaction was established, so that the pulse could be felt at wrist. At this critical period I had my friend, Professor Balling, of Louisville, sent for. In order to arrest the oozing from the womb we injected tincture iodine and carbolic acid into the organ, which had the desired effect. She now improved gradually until Monday night, the 29th, when she had a very severe chill, followed by high fever. The second hemorrhage occurred on Wednesday, the 23d. She had had no excess of temperature from the time of the first flooding on the 27th up to the time of the chill on night of the 29th; but after the chill her temperature was 104.5. The fever continued high until next evening (30th) when it gradually declined until 1 o'clock, when there was only one degree excess of heat. About daylight on the morning of the 31st, she had a second chill, with as high reaction as followed the first.

Her temperature again fell within one degree of normal in the evening (Wednesday) and she had no more chills. There was some fever during Thursday, September 1st, and on Friday, the 2d, gradually became higher until the next day—her temperature again reached 104.5; but by midnight fell to 88.5.

Next morning, Sunday, September 4th, her fever began to rise, and by 4 o'clock attained its maximum, 104.5. The same occurred on Monday, the 5th, but on Tuesday, the 6th, her temperature did not get higher than 103.5 in the afternoon, and gradually abating until midnight, when it was 100.5.

Wednesday, the 7th, her temperature again rose to 103.5, and at night went down to 101. On Thursday morning her temperature again came up to 103.5. She died on this day at 10 o'clock A. M.

My friend and neighbor, Dr. Foss, saw the patient with me on the 2d and 7th of September, the last visit being on the day before she died.

The treatment of this case, after fever was developed, consisted mainly in the use of quinine and nourishment, together with the solution of hyposulphite soda. On account of the irritability of the stomach we could not use full doses of quinine, but used some by enema, but diarrhœa, which supervened soon after the fever came on, prevented, to some extent, the good effects of the remedy administered in this way. There was more or less delirium after supervention of fever.

In studying the history of this case, two questions naturally present themselves to the mind of the reader: First, what caused the hemorrhage? and secondly, what caused the fever?

Some might say getting up too soon after delivery was the cause of the flowing; but I cannot take this view of the case, as I have never known a woman to have flooding two weeks after child-birth when everything attending her confinement was natural, and the lochial discharge having disappeared, as was the case with this patient. As to the second question, some might say the chills and subsequent fever were possibly due to peritonitis. But we are compelled to exclude this view, from the fact there was no tenderness, pain or tympanitis. Then what could have caused the hemorrhage and fever?

My theory of the cause of both is "malaria." After the fever was developed I began to look around the premises to discover the cause, if possible. I found that the house, which was very old and made of logs, had settled, on account of the ground sills having rotted, until the floor had reached the dirt, and the sleepers buried. The house was not guttered, and eave water settled under the house, and could not dry out. The patient had made the lower room over this floor her sleeping apartment for some two or three weeks before her confinement, and continued to do so afterwards.

Typho-malarial fever, accompanied or preceded by hemorrhage, is not very common in this latitude, although I have had several cases of nasal and enteric hemorrhage accompanying this fever. But the question might be asked, could malarial impress act as the exciting cause of hemorrhage previous to the development of the fever? In this case it will be observed that the flooding preceded the fever by some twelve days.

The only way I can see how malarial impress could produce or act as a cause of hemorrhage is by lowering the vital forces and thereby producing attenuation of the blood. There is but little doubt that malaria has these effects on the system prior to the development of fever; and if so, why may not hemorrhage result before as well as after fever is manifested?

The reason I am so particular about reporting this case is the fact that the patient had her life insured in the Presbyterian Benefit Association of Louisville, there being a provision in the policy that if a woman dies from the effects of child-birth the Association is exempt from payment.

The question arose in the mind of the medical directors of the institution whether or not the patient died from the effects of labor; but on the judgments of Dr. Foss and myself the policy was paid.

Dr. Balling did not see the patient after the fever made its appearance, and could not give an opinion.

MIDWIFERY EXTRAORDINARY.

BY J. HENDREE, M. D., OF ALA.

On the 15th of August last, a child was born in Selma, Ala. On the 17th a physician was sent for who found the infant in the following condition: It had a fracture of the right fibula with partial dislocation of the ankle outwards. Two fractures of the femur, one in lower third; the other above the middle. Fracture of left fibula with outward dislocation of ankle. Left femur broken at middle of shaft. Left forearm, both bones broken above the wrist. Left humerus, broken in middle of its length. On left side of trunk, three dorsal ribs separated from the spine, on right all except the two first ribs likewise separated. There was a large contusion on right parietal about three inches in diameter. Since then the child has been fed from a bottle. Has had diarrhoea and dysentery, periodical colic requiring quinine. Has been afflicted with epidemic ophthalmia; had an attack of bronchitis needing special medication. October 16th, with slight deformity, the child was doing perfectly well and the case discharged.

The mother was too ill to be aware of the post natal accidents; the midwife, a white woman, is old, large, clumsy and totally blind. To obtain any information from her is impossible. When questioned, she goes into almost hysterical paroxysms of grief, wringing her hands and refusing to answer. The only supposition of the very capable physician who was called in, forty-eight hours after delivery, is that she let the infant slip from her hands to the floor, and, in grasping, fell across or upon it, crushing and producing the injuries described; which after all, are not so remarkable as the recovery of the child.

If desired, further particulars may be obtained from Dr. Jett. T. West, Selma, Ala.

ON THE USE OF VIBURNUM OPULUS (L.) IN DYSMENORRHŒA AND UTERINE PAIN.*

BY A. M. E. PURDY, M. D.

VIBURNUM OPULUS, L.—NAT. ORD. CAPRIFOLIACEÆ.

The botanists describe this as a nearly smooth and upright shrub or small tree, rising from five to twelve feet in height; stems several from the same root, branched above; leaves three-lobed, three-veined, broadly wedge-shaped or truncate at base, broader than long; lobes divaricate, acuminate, crenately toothed on the sides, entire in the sinuses; petioles have two or more glands at the base, channeled above; flowers white or yellowish, reddish-white, in rayed, pedunculated cymes; marginal flowers large and sterile; inner flowers much smaller, and fertile. Fruit an ovoid, bright red, elliptic, one-sided drupe, very acid, ripens late, and remains upon the bush after the leaves have fallen. It resembles the common cranberry, and is sometimes substituted for it.

History.—*Viburnum opulus* is a handsome indigenous shrub, growing in low, rich lands, woods, and borders of fields, in the northern part of the United States, Canada, Europe, and North Asia, flowering in June, and presenting at this time a very showy appearance. The flowers are succeeded by red and very acid berries, resembling the common edible or low cranberry, and remain through the winter.

Pharmacy and Chemistry.—The bark is the medicinal part used. As met with in the shops, it is in thin, longitudinal curved pieces, from one-fourth of an inch to two or three inches in length, and from two to six lines in width, with a grayish epidermis, and whitish-yellow or reddish-yellow internal integument; it has no smell, and a peculiar, not unpleasant, bitterish pungent and astringent taste. It is frequently put up by the Shakers, when it is somewhat flattened from pressure. It has not been analyzed, but is known to contain valeric acid. It yields its properties to water or diluted alcohol.

For medicinal purposes we procure the bark of the root, shrub, and its limbs (the fresh bark is preferable), and make a tincture with alcohol of 75 or 80 per cent. (Hale.)

This tincture should have a dark-red color, and a peculiar acid odor, very similar to the odor of valerian.

Therapeutic Properties and Uses.—"High cranberry-bark," says Hale, "is a powerful antispasmodic, and, in consequence of this property, it is more generally known among American practitioners by the name of cramp-bark. It is very effective in relaxing cramps and spasms of all kinds—as asthma, hysteria, cramps of the limbs and other parts in females, especially during pregnancy, and it is said to be highly beneficial to those who are subject to convulsions during pregnancy, or at the time of parturition, preventing the attacks entirely if used daily for the last two months

of gestation." In the treatment of spasmodic dysmenorrhœa, for which variety this remedy is specially indicated, Hale prescribes the tincture—a few drops three times a day for a week previous to the expected period. When the pains commence he gives it every half-hour, or every fifteen minutes if the pains are severe. He has found it equally useful for the severe false pains preceding normal labor, which often render the woman's life a torture for weeks; and he says "it is of great value in after-pains, and should be given after every pain." Cramps in the abdomen and legs of pregnant women he was able to control very quickly by it, and claims it will prevent miscarriage if given before the membranes are injured, and when the pains are spasmodic and threatening.

The use of the *virburnum opulus* for the relief of dysmenorrhœa does not seem to have originated from professional sources. It has been in domestic use for a very long period as a remedy in the painful affections of women. Hale first gained his knowledge of the plant from its domestic use; he first used it in the form of a weak infusion, then in drop-doses of the tincture, etc. Of its use in cases of neuralgic and spasmodic dysmenorrhœa, he has yet to meet with a single case where it has failed to cure, and states: "So confident have I been of its almost marvelous powers that I have taken pains to look up some old cases dismissed years ago as incurable, in order to test this remedy on them. In every instance thus far it has cured these old obstinate cases. Its sphere of action seems to cover nearly the same grounds as galvanism." The same writer predicts its usefulness in spasmodic conditions of all hollow muscular organs and their muscular connections. "Nor have I decided whether it acts on the muscular tissues *directly* or indirectly through the motor nerves. It may prove to be a spinal remedy after all."

Dr. Meyer, of Wilkesbarre, Pa., in his suggestive pamphlet on Specific Medication, says; "Viburnum opulus, or high cranberry, and viburnum prunifolium, or black haw, seem to be antispasmodic, and to have a specific action upon the uterus. I have only used the first-named of these. My employment of it has convinced me that it is a uterine sedative, and often a remedy for neuralgic dysmenorrhœa, and for the commonly associated spinal irritation."

I have been in the habit of giving the concentrated tincture in five and ten-minium doses for these conditions, and also as a preventative of threatened abortion. I believe that in the majority of cases it has accomplished the object for which it was given.

From a paper by Dr. Charles E. Hall, published in the "Phila. Med. and Surg. Reporter" for June 22, 1878, I have made the following abstract of cases:

1. Colored woman, aged thirty-five. Never pregnant, general health good, works hard as a washerwoman.

Menstruation regular, but pain severe; says she passes something which looks like shreds and patches of flesh. No vag. ex.; could not rest from work. Has used various remedies, all of which had failed except opium.

Gave viburnum op. three times a day for three weeks before menstrual period, and every half-hour when period arrived.

Reported after four monthly periods: was taking the remedy regularly, suffering each month, but not taking opium, the pain not demanding it. She ceased taking the viburnum, and reported afterward that she had suffered as much as ever, and would not take any more of my medicine, as it did not cure unless she was always taking it. This patient afterward returned for the same remedy.

2. Miss A., aged twenty. From the commencement of menstrual life has suffered severely each month; pains spasmodic; general health good; is subject to hysterical attacks; has been using opium in some form each time, usually requiring three or four doses during the first twenty-four hours.

Gave viburnum three times a day during the whole interval, every half-hour at the period. At the next menstrual period had no pain; remedy continued, but limited to two weeks preceding the period. Five menstrual periods have passed without pain. The patient persists in continuing the medicine.

3. Mrs. —, aged twenty-two. Married two years, no children; had no pain at menses until upset from a boat while the period was present. Has since suffered each month. Viburnum used four months; has only slight uneasiness now each month; no medicine for several months.

4. Mrs. —, twenty-one years of age. Four years married; has great pain since marriage, never before. V. ex. reveals an elongated neck; very small cervical canal; cervix has been dilated with temporary benefit. General health poor; very thin, constipated, and in low spirits.

Used sponge-tents immediately preceding each period, and prescribed viburnum for three months. It is twelve months since treatment was suspended. Menstruation occurs without pain. General health greatly improved. The viburnum was continued two months after the local treatment was suspended.

5. Mrs. —, aged twenty-five. Since 1876, when an abortion on account of placenta prævia was produced on her, she has suffered very much with spasmodic pain each month. Viburnum, two weeks before expected time, gave first time great relief; took it again before the next period, and was entirely relieved.

Many other cases, says Dr. Hall, could be given, but these show that positive effects were produced by the drug; and he predicts cure when the pain is spasmodic and neuralgic, palliation when it is congestive or pseudo-membranous. He also used it in menorrhagia with intense crampy pain; also obtained speedy relief in cases of uterine colic.

The only other allusion in literature I have found was a brief statement on page 137 of Piffard's "Materia Medica and Therapeutics of the Skin." The writer states that dysmenorrhœa is sometimes promptly relieved by *pulsatilla* and *viburnum opulus*.

My own attention was called to the drug by the suggestion of Dr. Piffard, but in its early use no records were kept. The following recorded cases will show somewhat of its action.

The preparation used was similar to the abstracts of the new Pharmacopœa. The dose, five grains. The strength of this abstract is as follows: One grain of the abstract equals two minims of the tincture. The tincture used was made from one part of the fresh drug to two parts of alcohol.

CASE I.—Mrs. —, aged twenty-six. Married one year. Suffering from cellulitis, which has been aggravated since married. Menstruation regular, usually lasting three or four days. As long as she can remember, has suffered at menstrual periods. The first day the pain is very severe, gradually diminishing until the close of the period.

May 11th.—Patient says she suffers dreadfully. Commenced taking five grains of the abstract two days before period three times a day; as soon as period commenced, every three hours; continued it every three hours for three days.

June 9th.—No pain whatever.

July 7th.—Very little pain, probably caused by a drive of twenty miles. Patient was absent from town, and wrote for more of the remedy, remarking she would not be without it.

September 5th.—Menstruates without pain.

This patient's appetite improved while taking the viburnum.

CASE II.—Madame —, aged twenty-three. Widowed six years. Married at fourteen, before she had menstruated. Menstruated for the first time two months after marriage. In fourteen months after marriage was delivered of a healthy child. In twenty-two months a second child was born. After the birth of this child the husband died, the patient was up every day and night, and her menses did not return for eleven months, at which time they were accompanied with severe pain. Suffers at present with retroversion, two small fibroids, and leucorrhœa. Various measures and remedies had been used to relieve pain until May 28th, when she commenced the use of the viburnum (took only three doses at each period), which gave great relief; but the patient went out of the city, and suspended the use of the drug for one month, when the pain returned, with a dull, heavy feeling.

September 19th.—Has been menstruating two days, with a very great pain low down in the abdomen and back. Took viburnum twice, when all pain ceased, and she did not repeat the remedy.

CASE III.—Miss —, aged eighteen. Always had pain at menstrual periods; has taken the viburnum for four months, three times a day three days before the period, and every three hours when the pain commenced. Says it is the first thing that has given her relief, as she now only suffers a little dull feeling.

CASE IV.—Miss —, aged twenty-two, short and stout; first menstruated at thirteen; always regular; for days always had pain, which commences with first appearance of menstruation, is central, low down, and bearing down; frequently passes shreds. Commenced the use of the viburnum in June, 1881. I find this patient continued the use of the remedy for about six months, with great relief at first, and no pain afterward, suspending its use.

CASE V.—Miss —, aged twenty-five, sister of last patient; menstruated first at twelve and a half; is regular, and the flow lasts two days; always had pain, which commences several days before the flow, but upon its appearance pain ceases; pain is central, low down, and also in the back. June, 1881, commenced taking the drug; at first was careless in its use, but, when she found her sister had received benefit, she obtained a fresh supply and renewed its use, taking it sometimes three times a day, sometimes every three hours, for two days; it always modified the pain, and many times cut it short; has not used it for several months, and has very little pain.

CASE VI.—Miss —, aged twenty-nine, suffering from cellulitis and hæmatocele. Suffers terribly at menstruation, and moderately during the intervals. Has taken large quantities of opium. Commenced taking the viburnum last May, three times a day, since which time the pain has been much less severe, and no opium has been used.

I could recite many cases of the use of the viburnum opulus in uterine colic and the pain of pelvic cellulitis, but I do not wish to weary your patience. So many remedies and methods of treatment have been proposed from time to time for the treatment of dysmenorrhœa and uterine pain—the “Index Catalogue” of the National Medical Library devoting five of its closely printed columns to the subject—that I feel a hesitancy in suggesting another. But I am confident, with Hale and Meyer, that we have in this drug a powerful uterine sedative, and am satisfied—if preparations of the fresh drug, as insisted upon by Hall, be used—that many cases beyond the reach of any other therapeutic acid, except opium, will be relieved, and more positive results will follow than from the use of viburnum prunifolium.—*N. N. Med. Journal.*

ON SOME NEW METHODS OF TREATING HYDROCELE.

BY ROBERT F. WEIR, M. D.,

Attending Surgeon to Bellevue and New York Hospitals.

The usual method of treating hydrocele is by the injection of tincture of iodine into the sac of the tunica vaginalis, as suggested by Sir Ronald Martin, in 1852. This method is a very safe, and speaking generally, a successful one. Certainly it has met with the approval of the profession more than any of the other methods of injection, such as of alcohol, of port wine, sulphate of zinc, etc., and possesses advantages in regard to the small amount of inflammatory action, over the use of setons, of cutting into the hydrocele, or of removing a portion of the wall of the sac. Nevertheless, it is followed by quite a number of failures,* especially where the weakened tincture of iodine has been used, or where the surplus tincture has been allowed to flow out through the canula, as is advised by some of the British surgeons. Mr. Samuel Osborn, in a little work on hydrocele, published in 1878, found that, in

fifty-four cases of the affection, treated by tapping and injection, eighteen had recurrence of the trouble. My own failures have not attained such high proportions as this, a circumstance perhaps due to the fact that not only was one to two drachms of the ordinary tincture of iodine thrown into the sac of the tunica vaginalis and there left, but also, following the suggestions made by my preceptor, the late Dr. Gurdon Buck, the inflamed scrotal tissues were, on the second or third day, rubbed and manipulated quite roughly, in order to intensify the inflammatory action, it being held by this distinguished surgeon that the injection of iodine failed by reason of too little inflammation.

Upon the advent of Listerism an old method was revived, deprived of the dangers of inflammation by the use of carbolic acid, by Professor Volkmann, of Halle, who reported, in the *Berliner Klinische Wochenschrift*, 1876, seventeen cases of hydrocele, treated by free incision of the sac under antiseptic conditions. The following are the details of the operative proceedings:

The genitals and inguinal regions are carefully and repeatedly washed with a solution of carbolic acid, and the skin of the pubic and perineal regions is closely shaved. Then, under the carbolic acid spray, the sac of the hydrocele is incised from the region of the external abdominal ring to the most dependent part of the affected side of the scrotum. The exposed and emptied cavity of the tunica vaginalis is next syringed out with a three per cent. solution of carbolic acid, and the edges of this incised membrane are stitched carefully to the corresponding edges of the incised skin by fifteen, twenty, or even more sutures of very thin silk. All bleeding vessels are ligated by fine carbolized catgut. The antiseptic dressing is applied closely and firmly, so as to maintain the inner surface of the parietal layer of the tunica vaginalis in direct contact with the surface of the corresponding testicle, a small portion of this organ, however, being left exposed between the gaping edges of the incised wound. The prolonged action of the cold carbolic acid spray on the surface of the scrotum during the application of the sutures, and the repeated injection of a cold fluid into the sac of the hydrocele, cause considerable retraction of the dartos, so that this cavity becomes much reduced in size, and its membranes closely surround the testicle. In cases where the sac is very large and lax, and also in cases where there is much fibrous induration and sclerosis, it may be necessary to excise a portion of the tunica vaginalis. The most favorable cases are those in which the extent of the sac is so far reduced by the contraction of the scrotum that a small streak of the testicular surface is left distinctly visible between the edges of the wound. The introduction of a drainage-tube is not always necessary. In some cases, however, where a portion of the tunica vaginalis forms an elongated funnel, with valvular folds on its internal surfaces, a small drainage-tube should be passed as far as the front of the testicle. The blood having been removed from the seat of operation, the scrotum is surrounded by eight or nine strips of antiseptic gauze, and a large piece of gauze, in eight layers, with a corresponding slit in each layer for the passage of the penis, is placed over these. This dress-

ing is closely maintained in its place by a bandage of gauze saturated with carbolic acid. All gaps in the dressing are stopped with portions of salicylized wool, and a large pad of this material is placed in the perineum, between the anus and the scrotum. Absolute antiseptic sealing of the wound is a necessary condition of total occlusion of the sac. On the first change of the dressing, the cavity will be found to be quite occluded, and the wall of the hydrocele-cavity closely adherent to the surface of the testicle."

These seventeen cases were subsequently increased to sixty-nine in a report of Dr. Genzmer in *Volkmann's Klinische Vortrager*, No. 135. In none of these was there any excessive inflammation, and the average duration of the stay of the patient in the hospital was ten days. The tube, if any was used, was removed generally about the fourth day, when the silk sutures were also taken out, and the dressing changed a second time at the end of a week. The wound was then dressed with the salicylized cotton batting inside of a suspension bandage, and the patient discharged.

I can corroborate the satisfactory progress of patients treated by this method. I have now resorted to this procedure some twenty-eight times, and in but two instances they have all proceeded as satisfactorily as above indicated by Volkmann. In these two, through error of manipulation on the part of my house surgeon, who performed the operation, there was too much stripping up of the skin from the subjacent tissue and some slight sloughing took place. The dressings were removed on an average about the eighth or tenth day. To promote the final healing of the little linear wound which was then left, a solution of nitrate of silver, five grains to the ounce, was painted daily on the granulations, as has been suggested by one of the German surgeons. This method has also been used with satisfaction in two cases of hæmatocele.

On reasoning out this process it is evident that after the evacuation of the fluid of the hydrocele, the flushing of the serous membrane by a solution of carbolic acid, the drainage-tube and the antiseptic dressing are the essentials of the operation. Now, in the hope of avoiding an extensive incision, I subsequently modified this procedure of Volkmann in the following way: the hydrocele was evacuated by a large size trocar and through the canula, held in situ, a solution of one of the fifteen carbolic solution (adding a small quantity of glycerine to perfect the solution of carbolic acid) was injected so as to wash out the cavity thoroughly. A small, rubber drainage-tube was then introduced through the same canula before the latter was finally removed. This was done without ether, but under the antiseptic spray and other precautions. The usual Lister dressing was then applied, carbolyzed jute being substituted for the salicylated cotton in use in Europe. The drainage-tube was removed on the third, fourth and fifth day, when the dressing was changed, and at the end of a week the antiseptic precautions were abandoned. My experience embraces some ten cases in which this has been performed with satisfactory results, and in only one was there any inflammatory action, which was due to the patient's persistent disturbance of the antiseptic dressings. Though this plan was an improvement upon Volkmann's opera-

tion, it was yet hampered by the necessity of the use of the spray and antiseptic dressings. The fact, however, became patent, by resorting to these injections that they were free from pain, and I was, therefore, prepared to accept a statement that came to my notice in the Philadelphia Medical Times of the issue of November 6, 1880, by Dr. J. R. Levis, who advised that hydrocele be treated by the injection of a small quantity of pure carbolic acid into the sac of the tunica vaginalis, a procedure that he stated he had used since 1872. His method is to withdraw the fluid by an ordinary trocar, and then to introduce the long, slender nozzle of a syringe through the canula into the vaginal sac. By this means the carbolic acid is readily thrown into the serous cavity, and there is no danger of its being injected into the cellular tissue of the scrotum. The carbolic crystals are liquefied by slight heat or by the addition of a few drops of glycerine. The amount of carbolic acid which Dr. Levis injects is one-half a fluid drachm, and this is allowed to remain permanently in contact with the tunica vaginalis. The operation, he further states, is almost, if not entirely, painless, because of the local anæsthetic action of the carbolic acid. Patients sometimes exclaim at the moment of the introduction, but complain of a sense of numbness, rather than of pain. The pain is certainly much less than where tincture of iodine is employed. Care, however, should be observed to allow no acid to flow upon the surface of the scrotum, for pain and inflammation will follow such contact. Dr. Levis had never seen suppuration or sloughing follow this manner of dealing with hydrocele.

I was led, during the early portion of last winter, to adopt this mode of treatment, and though prepared by my previous experience to believe that the carbolic injections were not very irritating, yet I was most agreeably surprised to find that the strong acid was, in the instances which have come under my notice, absolutely painless, or so very slightly so as to be insignificant. In my services at Bellevue Hospital, as well as in private practice, I have used this injection in thirteen patients, four of whom had double hydrocele, with only one failure. In the male hydrocele both sacs were injected at the same sitting. In this instance there was reaccumulation, and a second injection of the pure carbolic acid, two weeks later, was followed by a cure. In this action I afterward learned how to precipitate, for the fluid, when reformed, will gradually disappear, as after an iodine injection. In a majority of instances there was not such a reaccumulation of fluid, but there was considerable thickening of the whole tunica vaginalis, both parietal and visceral. This thickening will last three or four weeks, sometimes longer. Patients are at no time incapacitated from attending to their usual vocations, though Levis speaks of their being detained for a day at most from such. In every instance the urine was carefully tested for three or four days subsequent to the operation, in order to determine whether or not there had been absorption of carbolic acid. None was observed in my case. The quantity injected was one-half to one and one-half drachm.

I feel warranted, therefore, from this experience, in corroborating this favorable judgment passed upon this method of treatment

by its promulgator, Dr. Levis, and in presenting it as a procedure safe and painless, and, so far as my limited number of cases go, effectual in its results.—*N. Y. Med. Record.*

* Erichsen says: "Useful as the iodine injection is, it sometimes fails in producing a radical cure of hydrocele," and again, "It is by no means improbable that the success of the iodine injection in this country might not prove to be quite so great as is generally believed."—(*Syst. of Surgery.*)

Curling says: "Iodine injection is not capable of affecting a cure in every case." He also admits the painfulness of the injection which is quite frequently encountered, and suggests the use of an anæsthetic.—(*Diseases of Testis.*)

Agnew believes that the failures, when they occur, are due to the wrong use of the injection. The undiluted tincture of iodine should be thrown in and allowed to remain.—(*Princ. and Pract. of Surgery, vol. II.*)

† Six of these have been already reported in the New York Medical Journal, December, 1880, p. 631.

SURGICAL CLINIC OF PROF. W. W. DAWSON AT THE GOOD SAMARITAN HOSPITAL.

VARICOCELE—CASTRATION THE BEST REMEDY.

Mr. McN. is a farmer, has been annoyed for some time past by a condition in the scrotum known as varicocele. This is an enlarged, dilated and tortuous mass of veins, imparting the feeling of a "bag of worms" within the scrotum. Usually varicocele occurs upon the left side, the testicle hangs lower, is more dependent and the veins are larger than on the right side. There are anatomical as well as physical reasons for this difference. The left spermatic vein enters the left renal vein at a right angle, and has no valve to guard against downward pressure, hence its lifting power is greatly abridged. The right spermatic vein is supplied with valves in its course and does not enter the renal vein on that side, but empties direct into the vena cava; it is also guarded by a valve at its junction. Pressure of any kind upon the spermatic vessels when it interferes with venous return may produce varicocele. The disease often occurs in young men, being brought about by venereal excesses. In the case before you it follows a trauma—a blow upon the testicle.

The discomfort complained of from this tumor is a dull, heavy aching pain, running up to the groin along the cord and extends to the back; associated is a sensation of weight and dragging in the scrotum. These sufferings are mitigated by a recumbent posture, the patient is also relieved to some extent by the use of a suspensory bandage.

There is usually not much trouble in differentiating between varicocele and other scrotal tumors. Hydrocele has a regular outline, is elastic to the touch, and is translucent by transmitted light. Sarcocoele is firm and globular. Scirrhus is hard and knotty and associated with a cachexia. Hernia travels from the ring downwards, pushing the testicle before it, it imparts to the sense of touch a doughy feel. Varicocele is an elongated tumor, irregular in shape, feeling like a "bag of worms," this symptom is nearly if not quite pathognomonic.

TREATMENT.

These cases are seldom seen in the early stage, when attention

to general health, bathing, etc., and the application of a suspensory bandage would not only relieve suffering but prevent the advance, the enlargement, the elongation of the veins. Young men are, however, very sensitive upon such matters. They seldom consult a physician until the veins are very large and the testicle atrophied.

This patient comes before us with a scrotum literally full of enlarged and tortuous veins with an atrophied, a blighted testicle. What is the best treatment? No disease of equal grade has had more devices suggested and adopted for relief than varicocele. No plan has yet been generally adopted, failures have been frequent. The operations may be grouped under three heads:

1. Obliteration of veins.
2. Ablation of scrotum.
3. Castration.

For the obliteration of the veins these vessels have been ligated with a great variety of ligatures, such as silk, metallic and animal. These ligatures have been applied subcutaneously, and again by incising the scrotum, exposing the veins before the application. The actual cautery has been drafted for the destruction of these tortuous venous canals, again electricity has been tried for the same purpose. One surgeon applies the ligatures firmly so as to obliterate at once the vessels, another proposes to do the same work gradually. Two objections have been urged and they are radical. First, in many cases phlebitis has followed and life lost; second, in cases where no inflammation has followed, ligation under all forms has failed to obliterate the veins—to obliterate them so as to relieve the suffering testicle from blood pressure. It may be said then that where obliteration of veins is not dangerous, no damage following the practice, it is unsatisfactory, it is inefficient.

ABLATION OF SCROTUM.

The object of this is to so abridge the scrotum as to pocket the testicle and shorten the veins. I have succeeded with this occasionally, but I sometimes have had disaster, and now only adopt it by the patient's selection. What real objections can be urged? The skin, in spite of all care, will, in some cases, slough and leave the testicle exposed. This is a serious matter, may result in loss of the organ, or, on account of the large surface exposed, pyæmia or tetanus may follow. When either of these giants appear I need not suggest to you the danger.

CASTRATION.

After a considerable experience I am decidedly of opinion that removal of the testicle, although apparently a radical operation, offers the best results. Ligation, as I have said, fails to obliterate the vessels. No surgeon would have temerity enough to include all the veins, those left soon enlarge and the scrotum is full of blood, and all the annoying emasculatory symptoms return.

There is one set of symptoms which have not been mentioned. I refer to a train of phenomena of the most distressing character, they are both moral and physical, direct and reflex; these especially pertain to those who attribute the affection to their own habits. A gloom settles over the poor invalid, he attributes every

unpleasant sensation, every pain directly to this abnormality; this mental condition is reflected upon his system generally, he loses his appetite, is restless and sleepless; disturbed with exhausting dreams, he arises in the morning unrefreshed and wretched. An occasional nocturnal emission fills him with apprehension and fears of impotence. Under castration these distressing symptoms all disappear, plumpness takes the place of attenuated muscles, the skin loses its cold clamminess and becomes dry and warm, the palpitating heart becomes steady, the countenance assumes cheerfulness, the whole aspect of the man has changed, invalidism gives place to health.

In discussing this operation the question of sexual ability need not be entertained, the loss of a shrunken testicle like this is no loss—it is in fact a gain—the remaining organ with the balance of the system will be strengthened, its ability for procreation reinforced.

This patient expected a less radical operation, hence shrinks from castration to-day, upon reflection he will doubtless adopt it.

The surgeon may conscientiously assure the sufferer that while castration offers relief most certainly, it is not more hazardous to life than less radical measures.—*Cincinnati Lancet and Clinic*.

FATAL CHLOROFORM NARCOSIS ADMINISTERED IN THE OPERATION OF TEETH EXTRACTION.

BY J. F. BYRN, M. D., MURFREESBORO, TENN.

On September 6th, Mrs. Temperance Smith and Mrs. Emma Smith, of this county, came into town, Mrs. Temperance Smith intending to have some teeth extracted. They called at my office about 12 o'clock, and asked me to accompany them to the dental office of Dr. Hartman: Mrs. Temperance Smith stated that she had some teeth she wished extracted by Dr. Hartman, and that she wished me to be present and administer to her chloroform. Mrs. Smith, aged thirty years, was the mother of five children, and was the wife of a highly respected citizen in this community. I at once attempted to dissuade her from taking the chloroform. I told her there was more danger from it when used in extracting teeth than any other operation; I said to her that I had almost ceased to use it for this purpose, and would consent to give it to her only upon the condition that she would assume all risk of danger. I assured her, after examining her teeth, that they could be extracted without much difficulty, and advised her to have it done without the use of chloroform. After these statements from me, she replied that she had taken it before several times for the purpose of having teeth extracted, and that Dr. Ransom, her family physician, had assured her that she could take it without any danger whatever. She said she was very well, and had been for sometime, and I observed that she was very cheerful and in good spirits. She insisted that she would take all risk of danger, and, indeed, apprehended none, so far as I could see. I agreed, there-

fore, to administer the chloroform, and in a few moments went to Hartman's office, they arriving there shortly before I did. After a few moments delay, Dr. Hartman arranged for Mrs. Smith to take the operating chair, another lady yielding it to her. I then stated to Dr. Hartman that she wished me to give her chloroform, and that I had advised her against it very fully. He also joined with me in advising her not to take it, but she said to him that she had taken it in his office before on two different occasions for the same purpose; that she had not the least fear of a serious result from its use; that she was willing to assume the risk of any danger there was in taking it, and that she would not have her teeth extracted without using it. She then took the chair, preparing herself for the operation, by removing any undue pressure of her clothing. Dr. Hartman produced his bottle, containing about one ounce of chloroform. I administered the drug on a folded towel, and the total quantity given did not exceed two drachms. She took it well, and as the towel was withdrawn, asked for more chloroform, saying she did not have enough; but no more was given, and she passed rapidly under its influence, without passing through the usual stage of excitement. Her pulse and respiration were satisfactory, and Dr. Hartman at once extracted two teeth very quickly without trouble, and was preparing to take hold of the third one, when we noticed that her respiration was becoming embarrassed, and her eyes were wide open, fixed and staring; we removed her immediately from the chair and laid her on the sofa and promptly applied the well-known restoratives. We dashed cold water upon the face and chest, depressed the head, raised the lower extremities, pulled the tongue well forward, slapped the face with a wet towel, used brandy hypodermically, and kept up our efforts with artificial respiration for three-quarters of an hour; there was no galvanic battery to be had, therefore did not use it. Dr. R. S. Wendel being called, came at once, and assisted us. All our efforts to restore her were without avail. She never breathed after being laid on the sofa, and the heart ceased to beat in less than five minutes after she took the first inhalation of chloroform.

We append below the verdict of the coroner's jury in the above case:

State of Tennessee, Rutherford County.—An inquisition holden at Murfreesboro, in the county and State aforesaid, on the 6th day of September, 1882, before me, W. H. Blanch, Coroner of said county, upon the body of Mrs. Temperance Smith, there lying dead, by the jurors whose names are hereto subscribed, who upon their oaths do say, after hearing the testimony of the foregoing witnesses, to-wit: Mrs. Emma E. Smith, Mrs. Emma Penuel, Dr. J. F. Byrn, Dr. A. Hartman, Dr. J. B. Murfree, Dr. J. E. Wendel, Dr. H. H. Clayton, Francis Jane Gannaway, colored, that the said Mrs. Temperance Smith came to her death by the inhalation of chloroform, for the purpose of extracting teeth, administered by the hands of Drs. J. F. Byrn and Alex. Hartman; that the chloroform was administered at her own urgent request, and against the protestations of Drs. Byrn and Hartman.

We do furthermore find that the chloroform was administered

with the utmost care and caution, and in appropriate quantities.

We furthermore find, from the examination of physicians, that chloroform is capable, and has produced death under similar circumstances, and that death is not due to any negligence in the administration of the chloroform, but it is the effect of the unknown peculiarities of the drug what is termed an accident. Mrs. Smith came to her death by the paralysis of the heart, produced by the inhalation of chloroform.

We furthermore find, that, in our opinion, Drs. Byrn and Hartman are free from any blame or censure in the death of Mrs. Smith, whatever.—*Nashville Jour. Med. and Surg.*

A CLINICAL LECTURE ON DYSPEPTIC VERTIGO.

BY ALONZO CLARK, M. D.,

Emeritus Professor of the Principles and Practice of Medicine in the College of Physicians and Surgeons, New York.

This man is a German, about 50 years of age, and he complains of feeling very dizzy for the past four weeks. He says he went to bed one night feeling all right, and when he awoke in the morning he was unable to get up, and he could not get out of bed for two days; and since that time, though he can get around, yet he has not been able to walk ten feet, he says, without feeling as if he should fall. He has had a pain in his side ever since the war, but he has never been really sick until about four weeks ago. He does not complain of any gastric symptoms, such as belching up of air or passing wind by the bowels, or of any disagreeable sensations after taking food. He has had piles, but they were tied off. He also has peculiar feelings in his hands, and they are weaker than natural, as are also his legs below the knees. But when he closes his eyes and a pin is put between his thumb and fore-finger, he is able to distinguish the head from the point. He is also able to carry his finger to his nose with his eyes closed, without much hesitation, and he can stand steadily with his eyes shut, though not quite as firmly as is natural. He has not been able to work much for the past five or six years, because of the pains in his arms, and he also has a good deal of pain in the upper occipital region of the head. He says, too, that he has had a rheumatism in the legs for two years, and a sensation as if from a thousand stitches begins in his hand and runs up his arm.

There does not seem to be here any pathological change which we can refer to the brain directly, but possibly there may be a congestion of the spinal cord high up where the nerves which go to the arm are given off, and this would account for his peculiar pains in the hands.

A good many years ago Mr. Bird found that nitro-muriatic acid would aid digestion, and he found that two or three drops of the strong acid would relieve dizziness from a disordered stomach, if given at the beginning of a meal. He published a report of his successes, and then I made a trial of this remedy, but I did not

administer it just as he directed, but gave it after meals, and in five-drop doses in five table-spoonsful of water, taken through a tube in order to preserve the teeth from the action of the acid, and I often gave ten to fifteen grains of pepsin with it, to aid digestion. I can hardly tell you how many cases of dizziness I have seen cured by this administration. One case I remember was that of a man eminent in politics, who came to me fifteen years ago complaining of dizziness, and I gave him this acid for it. In ten days he came back, and told me that he was now well. He then discontinued the use of the remedy, and in three or four months he came back and asked me for the same prescription, and when he began using it he was cured again.

At another time I was riding in a Third avenue surface car and I noticed that the conductor looked at me very intently, and at last he came up to me and asked if I was not Dr. Clark. I answered, yes. Then he asked if I did not know him, and I said, no. Then he said: "Four weeks ago I came to you because I was dizzy most of the time, and you gave me some acid, and in four or five days I was completely cured." This remedy for dizziness is not in very general use, and it is worthy of being employed far more extensively than it is now, I believe. I am disposed to try this here, though this man does not give us all the symptoms of dyspepsia. He does not give the very common symptom of belching up of wind, but he does complain of a pretty constant pain in the left side, in the region of the stomach. He also speaks of passing balls from his rectum, by which he means, I suppose, sycbalous accumulations of feces, so I would give him laxatives and direct him to eat such things as would aid the action of the bowels. The best of such foods is Graham bread, which is wheat flour ground and not bolted, and it is an excellent laxative. He should eat fruits, too, and perhaps the best are apples, especially if they are baked, and these may be sufficient to keep the bowels in proper condition. These, then, are the two things which I believe he requires. I became very much interested in this class of cases after I had heard of Dr. Bird's plan of treatment, and now I like to see them because I feel that I can give them relief.—*Mcd. Gazette.*

FRACTURE OF THE ODONTOID PROCESS.—A CLINICAL LECTURE.

By STEPHEN SMITH, 'M. D.,

Professor of Clinical Surgery, in the University of New York.

Here is a man whom I show you because he presents an interesting example of a form of fracture usually fatal, but here resulting in recovery. This man broke his neck last year, and that, too, in a very dangerous place, namely: about the location of the first cervical vertebra; and now, if you will put your finger into his throat you will be able to feel the first cervical vertebra projecting into the back part of the mouth. This is probably a case of fracture of the odontoid process, and most cases of this kind have been

fatal, until lately, and death was instantaneous, just as it is in an animal whose medulla has been broken up by the operation of pithing, as it is called.

The history of this case is, that last December this man fell from a height upon the deck of an ice barge, and he struck on his neck, and when he was taken up he was found to be partially paralyzed in his arms, and now he is bearing the effects of this paresis in a permanent contraction of the muscles. He was taken to the hospital and he was so paralyzed that he could not sit up in bed, and quiet was insisted upon. He gradually, however, gained more and more use of his limbs, and his head became firmly fastened to his neck with the chin bent downward upon the chest, and so rigidly that he could not move his head from side to side, or up and down.

These cases of fracture of the neck present a very peculiar history. It was once supposed that fracture of the odontoid process was always immediately fatal, and that this was the real cause of death in cases of hanging; but it has recently been proved that the accident may occur and the man still live and go about his business, and yet, finally, die suddenly from some accident, such as being hit upon the head. Thus Dr. Parker tells of a case of a milkman in his city who came from Long Island to sell milk. One day he was thrown out of his wagon upon his head, but he got up and then found that his head was loose and that he could not hold it up nor turn it from side to side, but he steadied it as best he could with his hand, and then got into his wagon and drove home again. For the next three or four days he could not lie down or get up without his head moving about, unless he steadied it with his hands. He then went and saw Dr. Parker, and he, and all who saw the case, were greatly surprised because this accident had always been thought to be fatal. That man finally got so well that he resumed his milk business, and as he drove around he would have to hold his hand upon his head to steady it whenever he drove over a rough place where there was much jolting. So he went on for six months, and then, after a hard day's work, he suddenly fell dead at the table, his head dropping forward upon his chest. The specimen of this fracture is now preserved in a museum.

Recovery takes place in these cases by the formation of an ankylosis between the vertebræ at the seat of the fracture, so you might easily kill this man instantly by striking him upon the head, and so breaking up the adhesions which have formed. In this case we have exactly the same condition that existed in a case in this hospital, which I found when I came on duty here five years ago. I found his head drawn up with his chin projecting, and he was paralyzed from his neck downwards, and he was emaciated almost to a skeleton, and was suffering intensely. He had fallen in some way and struck upon his head, and immediately afterwards he felt this peculiar looseness of the head, and he went home, and after resting for three or four days he resumed his business at the carpenter's trade for a time. Then the paralysis came on, and he went to the hospital, where he stayed for the next six

or eight months, and then he died with his head thrown back and his chin out. I found, upon examination, that the atlas had slid forward so that the spinal cord was pressed upon, and this caused his death. But he had a fractured odontoid process, and yet he had continued his work for some time, so it was proved that a man may recover from this accident. At that time I collected a series of thirty-two cases of this nature which had been overlooked in the medical publications, and in some of these no odontoid process could be found, and there were two or three cases among them where the odontoid process was perfectly movable upon the atlas by an articulation with it.

It seems to me perfectly evident that this man is suffering from a fracture of the odontoid process. In treating this fracture we have tried a number of different splints, but we have found none which answers so well as to keep the patient sitting in a chair with a cross piece behind him to which his head is bound so as to steady it. This man was treated so until he gradually became so improved that he could walk around the wards without his head becoming loose, and now he can even run a little.

Observe the evidence of spinal injury presented by his hands. You see there is an unusual thickening of the joints of the fingers, and a loss of action with permanent contraction of some of the muscles, due to the injury of the spinal nerves. You see the man cannot turn his head around at all, and this is diagnostic almost of all these cases. If he should accidentally trip and fall there would probably be a sudden displacement of these bones resulting in immediate death.—*Medical Gazette*.

Pulvis Doveri.—The Canadian Journal of Medical Science says: People whose "inward griefs and peristaltic woes" have been relieved by the powder of Dover, do not generally know to whom they are indebted for this excellent compound. Doctor Dover was a friend and probably pupil of the great Sydenham. He commenced practice in Bristol, where, having made some money, he longed to make more. The Roll of the College of Physicians tells us that he joined with some merchants in fitting out two privateers for the South Seas, in one of which, the "Duke," he himself sailed from Bristol, 2d August, 1708. On the passage out they touched at the Island of Juan Fernandez, where Dover, on the 2d of February, 1708-9, found Alexander Selkirk, who had been alone on the island for four years and four months, and whom Dover brought away in the "Duke." In the April following Dover took Ginaguil, a city or town of Peru, by storm. In December, 1709, the two privateers took a large and valuable prize, a ship of 20 guns and 190 men, in which Dover removed from the "Duke," taking Alexander Selkirk with him as master, and finally reaching England in October, 1711. After this cruise Dr. Dover removed to London, where his practice soon became great. His patients, and the apothecaries who wished to consult him, addressed their letters to the Jerusalem coffee house, where at certain hours of the day he received most of his patients.—*Mich. Med. News*.

ABSTRACTS AND GLEANINGS.

Skin Grafting.—The patient, a pretty little girl of eight, was admitted into the Wellington ward of St. George's hospital with the history that two years ago previously her dress had caught fire, burning both legs from the hips to the knees severely. After a year's treatment the left thigh had healed up; but the right had never gotten better, and presented a terrible ulcer, extending all down the outer side. She was a bright, intelligent little thing, and her sad condition excited much sympathetic interest. For four months she lay there without any signs of improvement. Though nourishing food, with wine and strengthening medicines, was freely administered, and all manner of local remedies applied, particularly that most excellent dressing, carded oakum, all was in vain; and when, on the 5th of May, the child was brought into the operating theatre, and placed under the influence of chloroform, it certainly appeared to us to be as unlikely a case to afford a fair criterion of a new treatment as could well be imagined. Two small pieces of skin were then snipped from the back with a pair of sharp-pointed scissors, and then imbedded—planted, in fact—in the granulations or "proud flesh" of the wound—two tiny atoms, scarcely bigger than a pin's head, and consisting of little more than the cuticle or outer skin which we raise in blisters by rowing or exposure to a hot sun. Five days later no change was visible; and by and by the operation was considered to have failed, since the pieces of skin had disappeared, instead of growing as had been expected. But twelve days after the operation two little white cicatrices appeared where the seed had been sown; and in my notes I find that a week later these were big enough to be dignified as "islands of new tissue." The most wonderful part of it is that not only did these islands grow and increase rapidly in circumference, but the fact of their presence seemed to stimulate the ulcer itself, which forthwith took on a healing action around its margin. Several more grafts were implanted subsequently, including morsels from Mr. Pollock's arm, from my own and from the shoulder of a negro; the last producing a white scar-tissue like the rest. In two months the wound was healed, and the little patient discharged cured.

Skin-grafting is now performed daily in surgical practice, and a special instrument—a combination knife and scissors—has been invented for the purpose. It is impossible to estimate the immense benefit of this discovery to mankind in many different aspects. Poor people, hitherto incapacitated from labor by "incurable" ulcers, and for many years a burden on their parish, or inmates of workhouses and asylums, will now again resume their place in the great toiling hive, from whose daily labor is distilled the prosperity of a nation. Von Graefe's operation of ireductomy, whereby hundreds of people, who were formerly considered irremediably blind, are now restored to sight by a simple proceeding, is said to have exercised a very appreciable effect on the poor-rates

of the country. As an instance of true transplanting, John Hunter's celebrated experiment of causing a human tooth to take root and grow in the comb of a cock is a well-known instance. Dentists now-a-days remove teeth, and having excised diseased portions, replant them in their sockets with frequent, though not invariable, success; and cruel plastic operations have been performed on rats, by which they have been joined like Siamese twins, or their tails caused to grow from their shoulders, or between their eyes. The late Mr. Frank Buckland, in his "Curiosities of Natural History," gives an amusing account of an action at law brought by M. Triguel, a French naturalist, against a zouave who had sold him what was termed a "trumpet-rat" for 100 francs; the said trumpet-rat proving to be an ordinary "varment," with the tip of another rat's tail planted in its nose and growing there.—*Medical Gazette*.

Vesico-Vaginal Fistula Cured by Position.—The following case came under my observation in Fluvanna county, Va., while associated with my father, Dr. R. J. Winn:

On the 23d of January, 1881, he was called to see Mary B., colored, æt, 18, suffering from incontinence of urine and extensive excoriation of the genitals therefrom, supervening upon the birth of a large still-born child, at full term, four days before.

She was not attended by any physician in this, her first confinement; consequently the history of the labor must necessarily be meagre. The fact was obtained from the mother, however, that the labor was tedious, lasting 48 hours. (Her mother is a monthly nurse, and was the officiating accoucheur.) Whether her statements be correct or not, this much was plainly evident, viz.: a vesico-vaginal fistula detected, both by digital and speculum examination.

The patient was informed of the ultimate necessity of an operation after involution had occurred, and she had obtained some relief from the scalding urine. As a means of affording temporary relief from the trouble, she was placed in the genu-pectoral position with instructions to remain thus as long as consistent with comfort, thus enabling the urine to collect in the fundus of the bladder. No catheter was introduced, but she was directed to change her position at intervals of three or four hours, and let the contents of the viscus pass away.

A moderately strong solution of bi-carbonate of soda was ordered to be given as a vaginal enema immediately after each urination, as also a vaginal enema of carbolic acid solution, three times daily.

With these general directions she was left with instructions that her father must report in eight or ten days, reporting the progress of the case. Failing to receive any tidings of the case, a verbal request was sent to know why such report had not been made. Whereupon, on the 12th day of February (just twenty days from beginning of treatment) he reported that his daughter was well.

To satisfy ourselves of the truth of the old man's statement, we made a special visit on the 14th of February, and to our gratifica-

tion and no little surprise, we found a firm, smooth cicatrix taking the place of the fistula, which three weeks before gave every indication for the necessity of surgical aid.

No claim is made here for originality, for similar results have been obtained in the hands of other practitioners. Yet the facts named prove the value of position in the management of vesico vaginal fistula, of recent origin, and warrant its fair trial before resorting to the usual operations.—Dr. J. F. Winn, in the *Virginia Medical Monthly*.—*Detroit Clinic*.

Sensible.—In these days, when so many doctors may be found who are little better than professional loafers, so many who discourage the reading of medical works who express their contempt for original research and scoff at medical journals, regarding the accumulation of money as the only test of professional success, and who depend on their own personal shrewdness and the gullibility of the people at large to excuse the title under which they thrive, the following, relative to the life of Dr. Geo. B. Winston, from the *St. Louis Courier of Medicine*, is refreshing :

A friend once remarked to him, "Doctor, what necessity is there for this ceaseless labor and study at your time of life?" With a look of astonishment never to be forgotten he replied, "My dear sir, I am under bonds to do it. When I offered my professional services to this community there was an implied covenant on my part that, so far as God gave me strength and ability, I would use them for gathering up and digesting all that has been said or written in regard to the diseases to which human flesh is heir; and if I should lose a patient because of my ignorance of the latest and best experience of others in the treatment of a given case, a just God would hold me responsible for the loss, through inexcusable ignorance, of a precious human life, and punish me accordingly; and whenever I get my consent to be content with present professional attainments, and trust my own personal experience for success, I will withdraw from practice and step from under a weight of honorable obligations which, with my best endeavors to meet them honestly and conscientiously, still sometimes is almost heavier than I can bear."—*Southern Med. News*.

To Keep the Hypodermic Syringe in Order.—Some months ago I noticed in some periodical, the statement that a few drops of glycerine placed in a hypodermic syringe would prevent, measurably, the shrinkage of the piston packing when the instrument was not in use. I suppose that many physicians have felt the need at times of having such instrument in immediate working order. I know that I had, until I accidentally discovered the good influence of glycerine in that respect. I have long been in the habit of drawing into the barrel each time after use, a small quantity of a mixture of one part of distilled water to three parts of glycerine, allowing it to remain until the instrument is wanted for use, with the advantage of having it always in a serviceable condition.—*Peoria Med. Monthly*.

Treatment of Gonorrhœa by Injections of Sulphurous Acid Diluted with Water.—For some time I have treated all cases of gonorrhœa with injections of sulphurous acid diluted with water, and as the results in my hands have been very satisfactory, I write in the hope that others may be induced to give this method a trial.

I do not offer any theory on the subject, I simply state the fact that I have now treated sixteen cases of gonorrhœa, using no other medicine, and they all returned to duty in an average of six days, I have not observed a relapse or any bad effect. The majority of the cases were second attacks, but those suffering from primary attacks of the disease recovered equally fast.

When I commenced this method of treatment, I used much stronger injections than I do at present. I find sulphurous acid one part to fifteen of water quite strong enough for most cases. The rules of treatment I recommend are: place the patient on low diet, and administer injections of sulphurous acid diluted in water one to fifteen, three times a day, no other treatment being necessary. I find it is necessary for the attendant to give the injections, for if it is done by the patient it is never well done, most of the fluid escaping back outside the nozzle of the syringe. The injection should be kept in the urethra from three to five minutes. If the patient complains of much pain, or if there is a tendency to chordee, it will then be sufficient to administer the injections once or twice in twenty-four hours.

If these instructions are strictly followed the purulent discharge will become scanty at the end of the first day, and on the third it will be replaced by a thin, glecty discharge, which also disappears in a couple of days. While this watery discharge lasts I usually administer only one injection daily. I find that the first injection frequently causes pain, which is not so much complained of afterwards. I, therefore, in a few cases give the first injection very much diluted—one in twenty, afterwards using one in fifteen. It is necessary to see that the sulphurous acid is fresh and good before it is diluted to the required strength.—*W. D. Wilson, M. B., in London Lancet.*

Faith as an Element of Success in Medicine.—The effect of the mind on the body is now recognized by all writers on therapeutics, and there can be no doubt that the patient's mind is often affected by what he sees his physician's to be. If the doctor evidently has thorough faith in the treatment he is pursuing, the patient is apt to be inspired with sympathetic confidence, and the treatment is then more likely to be successful. On the other hand, an evident lack of confidence on the part of the practitioner may cause a distrust in the sick man's mind which will perhaps interfere with the desired result. Dr. Fothergill, referring to this subject, says:

If the medical man speaks to the patient with doubtful accents and hesitating utterances, he does not inspire confidence; he really sows distrust. This is the explanation of the successful treatment of a case by one man where another has failed, the remedial meas-

ures being much the same. The one carries the patient with him to the restoration of health; the other intensifies a morbid state, and tends to make it permanent.

This is a matter too little thought about. Just as a weak-willed medical man fails to do certain patients good, and lack of decision of character unfits a medical man for dealing with emergencies, where the judgment must be prompt and the action energetic, so the therapeutic nihilist, who doubts the efficacy of drugs, and leaves the patient to nature, disheartens many patients, and leaves them chronic valetudinarians; while in the hands of an enthusiast the cases would soon move onward to a satisfactory termination. There are some men who are "doubting Thomases;" there are others who decry what they do not understand, and deprecate remedies with whose potency they are unacquainted, who do infinite, immeasurable harm to their patients. An eclipse of faith in medicines has now existed some time; but the darkness is beginning to move away, and a return of faith, stronger, firmer, more capable of giving a *raison d'être* for its existence than in the past, is dawning—the daybreak of happier times for those who are stricken down with illness, or crippled in their working power by incapacity in their digestive viscera. This therapeutic nihilism is a passing wave of opinion, a temporary mental state, the end of which is at hand; and the sooner it is over the better for all. The patient's prospects will be all the brighter; the medical man all the happier for feeling that the patient has got some "value received" in return for his outlay. A healthier condition of thought on matters medical will generally obtain; for quacks, charletans and irregular practitioners of all kinds are to a great extent fostered by the recent want of faith in the medical profession. When a man is sick, what he wishes is to get well; the means to him is a matter of comparative indifference.—*Journal of Chemistry*.

The Antiseptic Treatment of Typhoid Fever.—At a meeting of the Societe Medicale des Hopitaux, June 9th, M. Ferrand presented the candidate's thesis of Professor Desplat, of Lille, upon the comparative action of carbolic acid and salicylate of soda. The views presented were that the above drugs were excellent antipyretic and antialgesic agents—sure, rapid, and permanent in their action, but, at the same time, easily eliminated, and, therefore, but slightly dangerous. Except in acute rheumatism, M. Desplats did not find any marked difference in their action.

The discussion which ensued turned upon the use of carbolic acid in typhoid fever. Thirteen members took part and related their experience. Three or four did not commit themselves; the remainder agreed in saying that the drug in question, used as recommended, had a dangerous tendency to depress the system, and to produce pulmonary congestion, exhausting sweats, and albuminuria or polyuria.

It was unanimously voted that the use of carbolic acid in typhoid fever, when given as recommended (in half-gramme or gramme doses by enema twice a day), was dangerous, and without effect upon the course of the fever.

Dr. Ramonet, Physician-in-Chief at the Military Hospital of Boghar, in Algeria, has contributed an article upon the use of carbolic acid in typhoid fever, expressing directly contrary views to the above. He is a follower of Desplat, except that he uses smaller doses, generally not more than two grammes per diem, by injection. The effect, he says, is to lower the temperature nearly 4° F., and to produce a most favorable change in the progress and symptoms. He has treated forty-one cases, with a mortality of only two, or 4.9 per cent. The average mortality from this disease in the army is twenty-one per cent.

On August 22d, at the Academy of Medicine, M. Vulpian read a paper upon the use of salicylic acid in typhoid fever. M. Vulpian based his therapeutics upon the theory that there is a bacillus of enteric fever in the intestine, and that this bacillus ought to be ferreted out and killed with an antizymotic. Having tried iodoform, boric acid, phenate of soda, and salicylate of bismuth with no effect, he finally settled upon salicylic acid. This in daily doses of two or three grammes was ineffective, but in doses of six or seven grammes daily (gr. xl. to gr. l., every two hours!) most satisfactory results were obtained in a lowering of the fever and a general amelioration of symptoms. M. Vulpian concluded that this drug, without being curative, had an undoubted modifying influence upon typhoid fever. He thought also that salicylic acid taken by the mouth might act as a prophylactic. The discussion which followed brought out very little. It was only evident that M. Vulpian's views were theoretical, and that the clinical tests of his reputed remedy were not at all conclusive. Salicylic acid has been tried in Germany and America with no very good results, as yet reported.—*N. Y. Med. Record*.

Malaria in Skin Diseases—A Correction.—Dr. Lunsford P. Yandell, of Louisville, says:

Some time since the following paragraph appeared in the *Michigan Medical News*, and has been widely copied in the medical journals of the country:

"A century ago John Hunter divided all skin diseases into three classes, one of which is cured by mercury and the iodides, a second by sulphur, and a third class which the devil himself can't cure. Dr. L. P. Yandell, who quotes Hunter as above, is given credit for a much less complex classification than even this. He attributes all skin eruptions to malaria. Quinine is a specific for malaria; ergo, quinine is the remedy for all skin eruptions."

Q. E. D.

The subjoined extracts are from a supplement to a report read to the American Dermatological Association, September, 1877. A copy of this report will be gladly sent to any one desiring it:

"From the criticisms which have been made on my views, I find that I have not succeeded in making myself perfectly understood. What I have contended for, and what I have reiterated, is simply this: Malaria is the chief source of acute skin disease. Scrofula is the chief source of chronic skin disease. The more inveterate cases of skin disease are often due to the co-existence-

of these two things. The specific exanthems, of course, are not included here, but I contend that their progress and termination are often largely influenced by the presence of malaria and struma. I do not claim that malaria and struma are the sole causes of the dermatoses. Indeed, many of the dermatoses may exist independently of malaria or struma, and most frequently some exciting cause is necessary to develop the cutaneous eruption. Among the exciting causes are irritants, injuries, insufficient or improper ingesta, vicissitudes of temperature, alcohol, dentition, menstruation, parturition, lactation, etc. The proofs of the truth of my views are, in the first place, that the diseases of the skin are cured more certainly and more quickly by the anti-malarial remedies on the one hand, and by the anti-strumous on the other, than can be done by any other line of therapeutics; and in the second place, that careful and painstaking investigation will, in the majority of dermatoses, make apparent the existence of the malaria or the struma, as the case may be.

"In conclusion, I desire to impress upon the reader that my views are not confined to the skin diseases. What produces disease here will produce it in all other organs of the body. What is true of dermatology is equally true of gynecology and ophthalmology and otology, and it is just as true of the diseases of all the other regions of the body."

Subsequent observation has confirmed my belief in the correctness of these views.

Puncture and Aspiration in Intestinal Invagination.—We read in *Paris Medical*, January 28th, 1882, that Dr. Godfrey has treated a case of intestinal invagination as follows: The patient, a man 37 years old, was vomiting a greenish-yellow liquid having a most offensive fecal odor. His abdomen was distended, and very tender to the touch; and distinct fluctuation together with dullness were perceptible over the entire course of the colon. The umbilical region was somewhat tympanitic. Great tenesmus existed, and the efforts at defecation only resulted in the passage of a little bloody mucus. Having carefully ascertained that no hernia existed, the intestine was punctured, first in the left, then again in the right iliac region, the largest needle of a Codman and Shurtleff aspirator being used for that purpose. More than a pint of liquid, similar to that vomited, was thus withdrawn, and the patient felt somewhat relieved. Vomiting now became less frequent, and finally ceased. Morphine, first hypodermically, then by the mouth, procured sleep, and after three days the intestine had resumed its functions, and in less than a week the patient was again well.—*Med. and Surg. Reporter*.

Curing Disease by Anointing With Oil.—The mountain evangelist, Rev. Mr. Barnes, having ousted Satan from a number of Western strongholds, has attacked Cincinnati. His campaign may attract medical attention, since he cures disease as well as saves souls. His method is to anoint with oil, at the same time uttering a brief prayer. A reporter, interviewing him, asked if he

had cured many diseases in Indianapolis. "There were," he said, "some very remarkable cases. One was that of an old man, almost helpless with rheumatism, who was obliged constantly to use crutches. He was a member of the Roberts Park Methodist Episcopal Church. He was anointed with oil, and his faith took hold on Christ for healing, which occurred almost instantly. The next day he came to the church without crutches, and testified before the assembly of the healing, and declared he could run a foot-race, and praised the Lord with all his might. Another case was one of a woman subject to spasms for years, and many others." Here Mrs. Barnes declared it to be so common a thing in their experience that the wonder is, not that the persons are healed, but that all Christians do not at once go to Jesus when they are sick.—*N. Y. Med. Record*.

Mustard in the Treatment of Smallpox.—Dr. Lyndon (in *Medical and Surgical Reporter*) says: Just before the close of the war I was called to prescribe for a Confederate soldier, suffering with great nausea. A large mustard plaster was ordered to be placed over the stomach. A few hours afterwards my attention was directed to an eruption covering the part where the mustard had been placed. It was a well developed case of smallpox. There was no eruption on any other part of the body. The pustules were well developed, with the characteristic pit. I did not have another opportunity to try it, but believe a mustard plaster applied to any part of the body will bring out the eruption twenty-five to thirty-six hours earlier than usual, so that a diagnosis can be made on the first day of the fever. I believe it possible to invite all the eruptions to any part of the body, and thus avoid the pitting of the face. And in malignant cases, where the poison produces death before the eruption appears, the mustard might possibly bring out the eruption and save the patient. The experiment is easy and harmless.

Treatment of Cerebro-Spinal Meningitis.—Prof. H. C. Wood, in a clinical lecture in the Medical Gazette, sums up as follows: During the first three or four days in the strong and robust, leeches or cups may be applied to the temples or nape and upper part of the spine. Ice-bags are applied to the head and back of neck for the first days—in many for a week. To relieve headache, restlessness and delirium, bromide of potash is the best agent, gr. 20 to 30 every three hours. Its efficacy is increased by adding chloral (ten grain doses usually) or in those who cannot take chloral, tinct. hyoscyami (drachm doses). It is advantageous to add also tincture of castor (drachm doses) in the hysterically inclined. If possible don't use opium, but sometimes it becomes necessary, as the remedies already named occasionally fail. The temperature is not apt to run over 104° (a very harmless height) in adults except at the close, and quinine is not indicated; moreover, it has no effect in lowering the temperature in this particular disease. The best way to lower temperature, if this be an object, is by cold affusion, cold and tepid baths, or the cold pack.—*Maryland Med. Journal*.

How Parturition is Managed by the Beniamir Arabs and the Abyssinians.—When a woman is in labor she is attended by some knowing old woman (they would rather die than let a man come near them.) Should the labor be protracted, a rope is put under each arm and attached to a piece of wood overhead. On this rope she presses each time she has a pain, and in this standing position she is delivered. I asked: "How do you manage, supposing the child is in such a position as to require instrumental interference?" "Well, then," he said, "we can do nothing, and she has to die." Should she suffer from flooding, she is put to sit in hot water for ten minutes, and then a bandage is wound around her several times as tightly as it can be put; a decoction is then given her to drink, made from tamarinds and the leaves of some tree, the name of which I was unable to ascertain; and if she lives she is not allowed to taste water for seven days, but has nothing but warm milk.

The Abyssinian mode of conducting labor is also curious. The woman lies upon her back, two stones are pushed under her buttocks, two women grasp her legs, and just as the child is entering the world a tray full of flour is put under to receive it.—*Medical News*.

New Method of Reducing in Dislocation of the Humerus.—Mr. James E. Kelly (*Dublin Journal of the Medical Sciences*) recommends the following as successful when other plans have failed: The patient should be placed as close as possible to the edge of the couch, on his back, with his head low. The operator places the injured arm at right angles with the body, and standing against it, with his side to the patient, and his hip pressed firmly but not roughly into the axilla, he folds the arm and hand of the patient, close around his pelvis, and fixes the hand firmly by pressing it against the crest of his ilium. The second stage, during which the reduction is effected, is very simple, consisting merely of a rotation or version of the surgeon's body with a force and rapidity which necessarily vary with the peculiarity of the dislocation—some yielding most readily to a sudden and most powerful effort, and others to gentle and gradually increasing traction.—*Chic. Med. Review*.

Eczematous Ulcer of Leg.—Dr. Willard Chaney, city physician, Detroit, has had excellent success in the treatment of this disease with ointment of petroleum and iodoform. A widow, 30 years of age, hard-working, living in damp and illy lighted apartments, had eczematous ulcer, large as a silver dollar, on the inner aspect of lower third of leg. Anorexia, anæmia, hysteria with copious sanious discharge from painful ulcer, were prominent symptoms. The doctor ordered her all day rides in the open air of the Detroit river ferries; to take internally, three times a day, 20 drops of muriated tincture of iron with one thirtieth of a grain of corrosive sublimate, in suitable vehicle; applied to ulcer daily: R unguent petrolei ʒ ii., iodoformi ʒ j., M.; with firm even pressure by means of roller bandage.—*Med. Red.*

Abdominal Deliveries in the United States for 1880.—Dr. R. P. Harris, of Philadelphia, in his record of the abdominal deliveries in the United States, gives as the result for 1880 five Cesarean operations, and three Porro Cesarean. The results of the classic Cesarean sections are encouraging, three women and four children having been saved. The antiseptic method of Lister, the cleansing of the abdomen from blood and other fluids, the wire uterine-suture, and numerous minor modifications of the operation have undoubtedly contributed to this result. The uterus was sutured in three out of the five cases, with a saving of two. The Lister method was used in two cases, and phlegmasia dolens, which attacked two of the American Porro cases, occurred in one case.

The results of the three Porro Cesarean sections were one woman and two children saved. With enlarged experience and improved methods we should equal the record of the maternities of Milan and Vienna. The Santa Caterina of Milan has saved six women out of eight, and the Krankenhaus of Vienna eight out of eleven; the last six operations in each having been successful.—*Boston Med. Journal.*

Chloroforming Mice.—A French Surgeon says that on chloroforming some mice and lifting them by their tails, they tried to bite, but on laying them again in a horizontal position, they resumed insensibility. Acting on this hint, when a patient showed signs of a collapse under a dose of chloroform, he dropped the patient's head over the bedside and raised the feet quite high. The patient at once became conscious; when laid straight on the bed he became insensible again, and a return to lowering the head and raising the feet for ten minutes was required to fully counteract the chloroform. It is thought, that by aid of this treatment, anesthetics may be used with a high degree of safety.—*Ind. Prac.*

Transplantation of Muscle from the Dog to Man.—After the removal of a large fibro-sarcoma from the biceps of a woman, æt. 36, Helferich filled the gap with a freshly-cut piece of muscle from a dog, fastening it with 6 lower and 30 upper catgut ligatures. Cure followed antiseptic dressing. The patient can readily flex and extend the arm. Electrical examination by Ziemssen showed no abnormality and the transplanted muscle seems to have retained its vital functions.—*Berl. Klin. Woch.*, No. 26 and *Cin. Lanc. and Clinic.*

Extraction of Teeth During Pregnancy.—Dr. Chester (in *Southern Practitioner*) says: I will inform you that, in June, 1878, Mrs. R. W. G., 22 years, was delivered by me of a 7-months child, who lived only a few hours. In August, 1879, I again delivered her of a 6-months child, who was born dead. In January, 1881, she was in pregnancy six months; was suffering intensely from toothache. I decided to extract two grinders; in April, '81, I delivered her successfully of a full term child. The extracting of the teeth having caused great relief without bad effect.

SCIENTIFIC ITEMS.

Gun-Powder as a Motive Power.—A patent has just been taken out in Germany for an engine, the piston of which is driven backward and forward by small charges of gun-powder supplied at each end by an automatic arrangement. The ignition is effected by the motion of the piston, which draws in a flame of gas or spirit, the access being regulated by side valves, which also open outlets for the escape of the gases of combustion.

A SERIES of magnetic observations, which are to extend over a space of fourteen months, have recently been commenced at Goettingen, Germany. They will take place under the supervision of the Professor of the University, on the 1st and 15th of every month, at the same hours as those performed by the international expeditions sent out to the North and South Poles. Their principal object is to ascertain the magnetic condition of the earth. Experiments will also be made with respect to magnetic intensity in the garden of the observatory, in a pavilion built up of wood and brick only, iron being omitted on account of the disturbing influences which it would exert, rendering the observations practically valueless.—*Mechanical News.*

The Tails of Comets.—Professor Ennis, of the Naval Observatory at Washington, believes that the tails of comets are electric light. "If these tails had any substance," he argues, "the laws of motion are constantly violated by them. The great comet of 1843 went so near the sun that it passed from one side to the other in a few hours. Its immense tail, 100,000,000 miles long, was shifted completely, so that it pointed directly in an opposite direction. Could that be so if it were composed of any substance? Could a comet swing 100,000,000 miles of tail around so quick as that? The electricity is generated by evaporation. As the comets approach the sun, the heat becomes more intense, the evaporation and accumulation of electricity more rapid, the repulsive force greater, and the tails longer. Sometimes the material becomes completely evaporated. Then the comet has no tail."—*Literary Microcosm.*

THE new metal, of which it is proposed to construct pipes in which to lay telegraph wires under ground, is described as very light—only about one-sixth the weight of iron—and, being composed almost entirely of pure carbon, is indestructible, whether in the air or under ground. It does not rust or change by exposure, and is not affected by heat or frost. The most important characteristic claimed for it, however, in connection with underground wires, is its being a perfect insulator. The pipes of the metal need not, it is stated, be buried very deep in the ground, as they may be of a semi-elastic character, adjusting themselves to the slight upheaval and depression of the ground through the action of frost.—*Literary Microcosm.*

THE lake that has the highest elevation of any in the world is Green Lake, in Colorado. Its surface is 10,252 feet above the level of the sea. Pine forests surround it, and eternal snows deck the neighboring mountain-tops. One of these, Gray's Peak, has an altitude of 14,341 feet. The water of Green Lake is as clear as crystal, and large masses of rock and a petrified forest are distinctly visible at the bottom. The branches of the trees are of dazzling whiteness, as though cut in marble. Salmon and trout swim among them. In places the lake is 200 feet deep.—*Literary Microcosm.*

The Microscopists at Dinner.—The New York *Times* indulges in a little good-natured fun at the prevalent mania for finding the source of all evils in microscopic organisms. It reports an imaginary meeting of microscopists, and the following is an extract from the "proceedings:"

When the microscopists sat down to dinner each one produced his compound oscillating microscope, and carefully examined every article of food. Excited shouts went up as new discoveries of metallic, vegetable and sausage substances were discovered in the soup. An examination made of the water resulted in the discovery of such an enormous quantity of infusoria, mammalia and pachydermata that the microscopists unanimously refused to drink it. During the progress of the meal much enthusiasm was aroused by the announcement of Professor White that he had discovered a trace of hairpin in the beefsteak, thus upsetting the theory that the beefsteak of American hotels is a chemically pure carburet of sole-leather; and, at a later hour, Professor Black's assertion—based on a thorough microscopic examination—that he had discovered whortleberries in the whortleberry pudding, and wine in the wine sauce, led to a heated discussion, in the course of which thirty-eight microscopists declared that Professor Black was an ignorant and unprincipled pretender, and eleven others maintained that the professor was acting in good faith, and that his discoveries could be accounted for on the theory that the waiter had given him, by mistake, a piece of whortleberry pudding made expressly for the landlord's private table.—*Journal of Chemistry.*

Chemical Deep-Sea Soundings.—Sir William Thompson's apparatus for deep-sea sounding consists of a glass tube filled with air, sealed at the top, but open at the bottom, and prepared inside with red prussiate of potassa. It is placed in a brass tube, closed at the bottom, but open at the top. The brass tube is partially filled with ferrous sulphate, which, when coming into contact with the red prussiate inside the glass tube, forms prussian blue. When the instrument is thrown into the sea, the pressure of the water compresses the air, forcing the ferrous solution up the glass tube, according to the depth to which it descends. On measuring the length of the blue stain the depth of the sounding is ascertained.—*Drug. Cir.*

PRACTICAL NOTES AND FORMULÆ.

Diarrhœa Pills.—Prof. William Thomson, of the University of the City of New York, recommends the following as a remedy for diarrhœa—

R Plumbi acetatus..... grs. xvi,
 Pulv. camphoræ..... grs. xij,
 Pulv. opii..... grs. iij,
 Bismuth subcarb..... grs. xij,
 Ext. gentian..... q. s.

Make into twelve pills.

Dose, one pill every hour to three hours, according to severity of disease.—*New Remedies.*

Soap Liniment.

R Oleic acid..... 3 ij,
 Bicarbonate sodium..... 3 v.
 Camphor..... 3 ij,
 Oil rosemary..... 3 ss,
 Water..... 3 vi,
 Alcohol..... O ij.

Dissolve the camphor in the alcohol, add the oleic acid and the oil of rosemary, then the soda gradually, and when effervescence has ceased, add the water, and filter. This will not deposit in cold weather.—*Geo. R. Martin, Proc. Penn. Phar. Association.*

Algerian Corn Cure.—Dr. Barbier speaks highly of the sub-joined—

Acetic acid..... 1 ounce,
 Iodine..... 37 grains,
 Alcohol..... 1 ounce.

Dissolve the iodine in the alcohol and add the acetic acid. A few drops of the liquid are to be rubbed on the corn morning and evening, so as to gradually dissolve it.

We published some time ago a corn remedy which had been recommended by a Russian, M. Gezow. Dr. Traill Green, writing in the Medical and Surgical Reporter, expresses the utmost satisfaction with this formula, which he has used in numerous cases of both hard and soft corns with unvarying success. The formula is as follows—

Salicylic acid..... 30 parts, or grs. xxx,
 Ext. cannabias indica..... 5 parts, or grs. v,
 Collodion..... 240 parts, or f. 3 ss.

—*Boston Jour. of Chem*

A Stimulating Expectorant.—Dr. Fothergill commends the following—

Am. carbonat	gr. v.
Tinct. nux. vom.	m. x.
Tinct. scillæ.	3 ss.
Inf. serpentar.	3 i.

Sig. Three times daily.—*Boston Jour. of Chem.*

Tape Worm.—Salicylic acid in full doses, followed by ol. ricin. com., is said to expel tape worm when all other remedies fail.—*Louisville Med. News.*

Pills for Constipation.—

R Quiniæ sulphatis	grs. xv.
Piperinæ	} aa grs. xij.
Hydrarg. submuriat.	
Ext. nucis vomic.	grs. iv.

M. ft. in pil. No. xxx.

M. S. One pill morning and evening.—*N. O. Med. and Surg. Journal.*

THE AROMATIC POWDER OF CHALK AND OPIUM—Is prepared as follows :

R Aromatic powder of chalk.....	9½ ounces,
Opium.....	¼ ounce,

Formula for aromatic powder of chalk :

R Cinnamon.....	4 ounces,
Nutmeg.....	3 ounces,
Saffron.....	3 ounces,
Cloves	1½ ounces,
Cardamon seed.....	1 ounce,
Refined sugar.....	25 ounces,
Prepared chalk.....	11 ounces.

M. Triturate thoroughly and pass through a fine sieve. Dose, 10 to 60 grains.

Naquet's Hair-Dye, Modified.—

Citrate of bismuth	1 ounce,
Ammonia, sufficient.	
Hyposulphite of soda.....	½ ounce,
Alcohol	3 ounces,
Or, glycerine.....	½ ounce,
Water to complete	16 ounces.

Rub the citrate into a thin paste with lukewarm water, and add enough ammonia to make a solution in which the hyposulphite is to be dissolved. Filter, and complete the measure, adding the alcohol last, if it is employed as a preservative.—*Drug. Cir.*



EDITORIALS AND MISCELLANEOUS.

GREETINGS.

We are pleased to acknowledge the many notes of commendation and encouragement received from our readers—their almost unanimous acceptance of our proposition for renewal the coming year, and to be able to promise, on our part, renewed zeal and energy in presenting the medical news in the future. We trust that our friends will stick to us, as brethren in a common cause, and that all in arrears will promptly settle up, giving us a good start with the new year. May they also take an interest in our Journal as an organ of Southern medical literature, contribute to our pages, and aid us in extending our circulation.

Remember our liberal proposition, to accept of our subscribers on renewal \$3.00 for two copies; that is, each subscriber who, on renewing his subscription for 1883, will send us a new name, may deduct 50 cents from his own subscription and that of his friend. Help us to increase our list, and in so doing you will enable us to improve the Journal, and thus do a good work for yourselves and for the Medical Literature of your section. With these remarks we extend fraternal regards and Christmas greetings to all of our readers.

THE INS AND THE OUTS.

In medicine as in politics, the Outs are always assailing the Ins, hence we hear continued complaint in Medical Journals against Medical Colleges in regard to bad management—imperfect teaching and the laxity of requirement in conferring diplomas. It is freely conceded that a regular standard of education is desirable, and that most colleges are not sufficiently rigid and careful in conferring degrees; yet it must be borne in mind that the fault is not so much with the colleges as with the profession and the people.

Our systems of education, whether in medicine or other departments, are all imperfect, undeveloped and faulty. The country is new. Most of our young men in the South desiring professions are poor, and the State now lends no aid or encouragement to the improvement of medical education. On the contrary there are laws obstructing anatomical investigation. While this is all true, yet it is also true that the average Doctor in America, yea, even in the Southern States, is not a whit behind that of other countries. Medical discoveries are as frequent, and medical advance as rapid in this country as in any other portion of the globe, and the writer of this article, a graduate of an old and reputable Northern institution, will doubtless be sustained in the assertion by every physician, even the most eminent among us—who graduated at the best Northern schools—that here in Atlanta as good facilities, nay, better facilities can be found for procuring a medical education than were furnished in their day by the older and more renowned Northern

Institutions. And yet, many of those who graduated North under these meagre advantages, are successful and eminent men in the profession. After all, it is not so much in the school as in the man. If the student possesses the qualities of head and heart, and the spirit of study and energy which is essential to success, he will, in due time, achieve it. If he does not he will fail, and go out of the profession, as thousands do, and as they ought to do.

SURGERY IN THE NEW COLLEGE.

A number of interesting and important surgical operations have been performed in the Clinics of the Southern Medical College during the present term of Lectures. Photographs of one of these, a very large tumor, involving the parotid gland, has been shown to us with the promise that the same will be reported with illustrations.

THE NEW PHARMACOPŒIA.

The U. S. Pharmacopœia, of 1880, has been issued. Dr. Squibb, in the November issue of his *Ephemeris*, refers to the increased strength of the opium preparations as matter important to be borne in mind by the druggist and the practitioner.

As an example, if the full dose of the deodorized tincture of opium (com. solution of opium) has heretofore been 24 minims, or 38 drops, representing a quarter of a grain of sulphate of morphine, the corresponding dose of the new preparations will be 16 minims or 25 drops.

This makes a pound of the new preparation equal to a pound and a half of the old. Dr. Squibb suggests that in physicians' prescriptions, where, for example, deodorized tincture of opium is prescribed, the figures 1870 or 1880 be added to indicate the strength desired until such time as the change becomes established.

"ABSTRACTS."

Among the changes that are to be found in the new United States Pharmacopœia is a class of preparations to which has been given the name of *Abstracts*. They are in the form of a powder, prepared by evaporating a concentrated tincture of the drug, having first mixed it with sugar of milk.

The solid extract of most drugs, as now used, often proves unreliable by reason of deterioration. These Abstracts are apt to take the place of solid extracts, as being of more uniform strength and more easily preserved.

MORTALITY OF WHITES AND BLACKS IN THE U. S. ARMY.

In the report of Surgeon-General Crane, for the year ending June 30th, 1882, we find that the whole number of white troops are 20,778, and colored, 2,265. The deaths from all causes reported among the whites were 10 per 1,000 of mean strength.

Among the colored, the deaths were 11 per 1,000 of mean strength. There were reported also 245 Indian scouts connected with the army, among whom the mortality was 32 in the 1,000.

The report contains other interesting information, and is gotten up with ability and in good taste.

*MEDICAL LITERATURE IN THE SOUTH—OUR FRIENDS
DON'T WRITE ENOUGH.*

The rapid advances in the Medical Profession in this country has been due, in a very large degree, to Medical Journalism. Previous to the late war we had to admit that in the Southern section of the Union, we failed, in some measure, to keep up our row, and it is only in the last few years that the profession in the South has evinced or practiced a title of the interest in Medical Literature that is due to the ability and talents of its members, or to those who, with little or no profit, were engaged in the self-sacrificing and arduous duties of Journalism. And not yet can it be said that Southern physicians are alive to the duties and responsibilities that rest upon them as medical men in regard to the progress of Medical Literature in their own section. Every progressive and intelligent practitioner is in duty bound to sustain his home Journals and contribute something to the Medical Literature of his own section. Southern practitioners have certainly the ability, but unfortunately they lack the spirit and the energy to write for the Journals. We trust that our readers will take this remark kindly, and that hereafter we shall more frequently receive practical communications for the Original Department of our Journal. To those who have written for us in the past, we are thankful. Let your communications be short and practical.

TYPHO-MALARIAL FEVER.

A subscriber requests that something be put in the JOURNAL on the subject of Typho-Malarial Fever. We trust some one of our readers, who has had experience in the treatment of the disease, will comply with this request and write us a practical article on the subject.

There are those who claim that there is no distinct disease to which the appellation, Typho-Malarial, can be given. To such we state that we have seen many cases of an affection to which the name is eminently applicable. It might be termed a form of intermittent fever which does not yield to quinine. There are often well marked morning intermissions, especially in the outset of the attacks. Sometimes a decided remission, in which the thermometer will indicate a temperature scarcely to be called febrile, and which in the afternoon will run up to 103°-104°. Quinine does not cut short the fever, and, indeed, makes little or no impression upon it.

The nose bleed, so common in the early stages of typhoid fever, is often found, but there is very little tendency to diarrhoea or tympanitis. The patient usually has considerable appetite. At evening the febrile excitement is often high, and there is not unfrequently some degree of delirium, but not the low muttering delirium of regular typhoid. Sordes is not seen upon the teeth as in typhoid fever.

In our experience these cases usually continue two weeks. The plan of treatment which we have adopted, and which has been successful, is as follows: We give quinine in most cases to the extent of 8 to 12 grs. in the forenoon, as we think it lowers the temperature and supports the patient, and under its influence the tendency of the fever to decline on the septenary or seven day periods is encouraged.

J

In the afternoon we give a teaspoonful of a solution of aconite (the strength of 10 drops in a glass of water) every hour during the height of the exacerbation, and four times a day we give as an antiseptic, and as prophylactic to the possibility of inflammation or ulceration in Peyer's glands, the syrup of tar in teaspoonful doses every four hours. This is substituted for the spirits of turpentine, usually relied upon in typhoid affections, as being more pleasant and less likely to nauseate the stomach or to produce strangury. Frequently we combine it with eucalyptus as follows:

R Syrup of tar..... 3 ii,
Tinc. eucalyptus..... 3 ij.

M. Shake and give teaspoonful four times a day. The eucalyptus is also antiseptic, and while resembling the terebinthenates in property, is also supposed to be anti-malarial. The dose appears small in this prescription, but in larger doses it will be found to produce a sensation of fullness in the head, with a degree of drowsiness which, if long continued, might lead to delirium or cerebral complication.

Purgatives are to be given with caution in this disease. Though diarrhoea is not commonly found, the bowels are easily moved, and usually there is a spontaneous evacuation almost daily. At the outset, it is well to give a dose of castor oil, but it is rarely necessary to give a purgative during the subsequent attack. Occasionally we find it advantageous to evacuate the bowels with an enema, or with a mild laxative—as the syrup of rhubarb. This, with application of mustard in case of local pain, and appropriate treatment to any other indication that may present during the attack, has been the plan we have pursued in the treatment of this affection. W.

NEW HAMPSHIRE MEDICAL SOCIETY.

A copy of the Transactions of the New Hampshire Medical Society, held in Concord, June, 1881, has been kindly sent us by the Secretary, Dr. G. P. Conn. It is a neat volume of 167 octavo pages.

It contains a number of able and interesting papers. First, the address of the President, Dr. G. P. Conn, on "State Medicines."

Report on Surgery—Dr. A. H. Crosby.

Cases of Malignant Disease, with a Report on the use of the Dermal Curette—Dr. F. A. Stillings.

A Contribution to the Study of Fractures and Dislocations—Dr. J. R. Ham.

Puerperal Convulsions—Dr. J. W. Parsons.

Conservatism in the Practice of Medicine—Dr. J. R. Kimball.

Hypodermic Medication—Dr. M. H. Felt.

Nihilism in Medicine—Dr. D. W. Jones.

Death: Its Physical Aspect—Dr. A. Richardson, and Reports of District Societies.

The officers elected for the ensuing year are—

President—Dr. H. B. Fowler. Vice-President—Dr. A. H. Crosby.
Secretary—Dr. G. P. Conn. Treasurer—Dr. D. S. Adams.

INVERTED TOE-NAILS.—A new, simple and effectual method of operating for that troublesome little customer—ingrowing toe-nail—will be reported in the next issue of our Journal.

DOCTORS IN CANADA.—It is said that the proportion of Doctors to the population in Canada is as one to 1,200, while in the United States they are as one to 600.

BOOK NOTICES.

THE PHYSICIANS' VISITING LIST. (Lindsay & Blakiston's) for 1883. Thirty-second year of its publication. Philadelphia: P. Blakiston, Son & Co., successors to Lindsay & Blakiston, 1012 Walnut street. Sold by all Booksellers and Druggists.

This work has a deservedly high reputation, established by long years of use by medical practitioners. It contains much useful and valuable information, besides a well arranged order of blanks for entries and memoranda. Price for 25 patents \$1.00, and higher rates for larger number of patents.

ON SLIGHT AILMENTS—THEIR CAUSES, NATURE AND TREATMENT. By Lionel S. Beal, M. D., F. R. S., Prof. of Practice of Medicine at Kings College, London. Second edition, revised, enlarged and illustrated. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1882. Cloth, 283 octavo pages. Price, \$1.25.


We regard the above as a very useful and valuable book for practitioners.

DISEASES OF THE LIVER, WITH AND WITHOUT JAUNDICE—with the Special application of Physiological Chemistry to their Diagnosis and treatment. By George Harley, M. D., F. R. S., Fellow of the Royal College of Physicians—Corresponding member of the Academy of Sciences of Bavaria; of the Academy of Medicine, of Madrid, and of several Continental Medical Societies. Formerly President of the Parisian Medical Society, Physician to University College Hospital, and Professor in University College, London. Illustrated by colored plates and wood engravings. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1882.

The above work contains 750 octavo pages, and is neatly gotten up. It is printed simultaneously with the London edition, and contains the full text and original illustrations. Although a great deal has been written upon the Liver and its affections, there remains much obscurity as to the real nature and treatment of this class of diseases. Dr. Harley has here brought to bear his long and extensive experience in the study and treatment of hepatic affections, with the special application of Physiological Chemistry to diagnosis and treatment.

The work is ably written and contains a large amount of Clinical and Scientific information, not heretofore thrown together in a single volume, with new facts and theories of modern scientific advancement. We commend this work to the Profession as eminently worthy of study, and as one which should be in the library of every physician.

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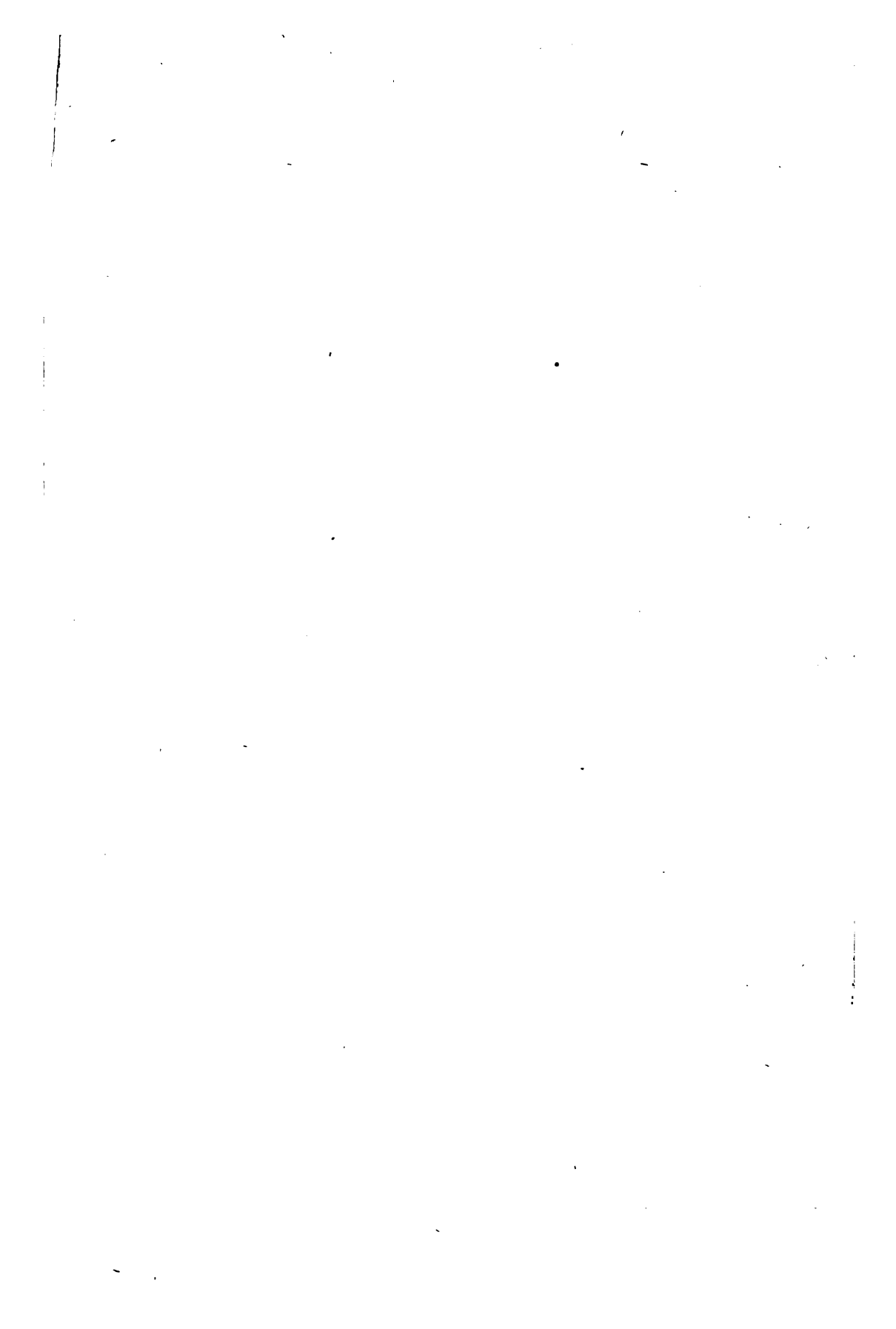
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